



City of Revere

Patrick M. Keefe, Jr.
Mayor

Mark Locke
Plumbing Inspector
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REQUEST TO CANCEL PLUMBING PERMIT

I am the permit holder or person or entity who hired the permit holder, and hereby authorizes the city of Revere to cancel plumbing permit/s # _____ for the property located at street address _____, Revere, MA 02151. **I understand and agree that I am required to obtain a new plumbing permit once the existing permit is canceled.**

_____	_____	_____
Licensed Holder Name/Company	Licensed Holder Signature	Date
_____	_____	
Street Address	Telephone Number	
_____	_____	
City/Town State Zip Code	Email Address	

THE COMMONWEALTH OF MASSACHUSETTS

On this _____ day of _____, 20____ before me, the undersigned notary public, _____ personally appeared, proved to me through satisfactory evidence, which were _____, to be the person whose name is signed on this document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

_____	_____
Notary Public	My Commission Expires

¹ 248 CMR 3.05(d) Board of State Examiners of Plumbing and Gas Fitters