



City of Revere

Brian M. Arrigo
Mayor

Matteo Fabiano
Electrical Inspector
Office of Municipal Inspections
249R Broadway
Revere, MA 02151
O: 781. 286. 8177
F: 781. 485. 2795
E: mfabiano@revere.org

REQUEST TO CANCEL ELECTRICAL PERMIT

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

Initial here if:

Electrical work did not commence. An inspection of the site is required to verify field conditions before the permit will be withdrawn.

Contractor's/Owner's Name

Contractor's/Owner's 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