PLANNING & COMMUNITY DEVELOPMENT
BUILDING & SAFETY DIVISION

**809 Center Street, Room 101, Santa Cruz, CA 95060 | 831 420-5120 | permits@santacruzca.gov**

# BUILDING PERMIT TRANSFER/WITHDRAWAL FORM

Permit address or parcel: _____
Building Permit or Permit application number: _____
Project Description: _____

I am the permit holder of the above permit and am (select one option below):

- ☐ The legal property owner
- ☐ A California State Licensed Contractor
- ☐ An agent authorized to act on behalf of the Owner or Contractor (must present the original copy of authorization letter to Community Development Department staff)

☐ I would like to withdraw and inactivate this permit, and I do not wish to transfer ownership of the plans, and all supporting documents associated with the permit. Inactivation shall begin (Date) _____.
OR
☐ I would like to withdraw as the permit holder of this permit as of (Date) _____ and I authorize the Community Development Department to transfer ownership of this permit and all associated plans and supporting documents to the following:

1. The legal property owner: _____
   Owner's Name: _____
   Phone # Email: _____
   Owner's Address: _____

2. A California licensed contractor: _____
   Contractor's Name: _____
   CSLB #: _____
   Email: _____
   Reason for Transfer: _____

Permit Holder Name: _____
Permit Holder Signature: _____
Date: _____