# CITY OF INDIANAPOLIS
# DEPARTMENT OF BUSINESS & NEIGHBORHOOD SERVICES
# Request for Permit Amendment/Update, Extension, Renewal or Cancellation

Applicant Name (Printed): _____

Applicant Company (If Applicable): _____

License/Listing #s: Individual: _____ Company: _____

I am the: ☐ Property Owner ☐ Contractor ☐ Other: _____

Email: ☐ Current ☐ New _____

I am formally requesting a/an:

☐ **Update/Amendment** ☐ **Cancellation** ☐ **Extension** ☐ **Renewal** of the following

| **Permit Number** | **Address** |
|---|---|
| | |
| | |
| | |
| | |
| | |

Purpose for the update, extension or cancellation: _____

_____

_____

_____

Signature: _____ Date: _____

## This Section For Internal Use Only

Comments: _____

_____

Fees: _____ Analyst Initials: _____ Date: _____

**Department of Business & Neighborhood Services, 1200 Madison Ave, Suite 100, Indianapolis, IN 46225**
**PHONE: (317) 327-8700 ♦ EMAIL: PermitQuestions@indy.gov**
**www.indy.gov/permits**