Request to Withdraw Consent



| Date: | | |
|---|---|-----------------|
| Invercargill City Council 101 Esk Street INVERCARGILL | | |
| Attention: Building Services Team | Email: <u>building@icc.govt.nz</u> | |
| REQUEST TO WITHDRAW CONSENT | | |
| I wish to withdraw the following building consent | | |
| BUILDING CONSENT NO: | | |
| ADDRESS OF WORK: | | |
| My reasons for requesting this are: | | |
| | | |
| | | |
| | | |
| | | |
| Signed | (owner) | |
| Print Name | | |
| Email | | |
| Please note that consent documents will be star record. | nped with 'Lapsed' and kept on the respective | e property file |
| NOTE: | | |
| Where applicable, a credit note will be generate costs. | d for the application fee less processing and | administrative |
| Additional charges that may apply will be invoice | ed at the time of lapsing. | |