

Retirement by Request Form

Please fill out the form completely. The District will review and process the request. By submitting this form, you are authorizing the retirement of the requested permits.

If you are retiring a permit from an invoice, please attach a copy of the invoice, if possible.

Date:

Company Name:

Contact Information:

Name and email, phone number

Address(es):

PTO(s) #:

APCDYYYY-PTO-XXXXXX

SITE ID(s) #:

APCDYYYY-SITE-XXXXX

Reason for

Retirement:

Effective Retirement

Date for permit(s):

Please return via email, mail, or fax.

Email: apcdpermits@sdapcd.org

Mail: Permit Processing, SDAPCD
10124 Old Grove Road, San Diego, CA 92131

Fax: 858-586-2601

Permit Processing Use Only

Date Received: _____ Date Retired: _____

Retired by: _____ Date Letter Mailed: _____