GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS

Zoning Division
Office of Zoning Administrator

NOTICE OF CANCELLATION OF HOME OCCUPATION PERMIT

By signature below, I here with cancel my ***Home Occupation Permit #***_____ date _____ and located at _____ doing business as: _____

I understand that I must surrender my Home Occupation Permit to the Zoning Administrator at 1100 4th Street, SW 2nd Floor.

Signature of Perm it H older and date

Zoning Administrator or designee

Printed Name of Permit Holder

Date

Please Note : In case of a partnership or corporation, a statement signed by partner or all corporate officers must accompany this request. The name and address on the Home Occupation Permit must be the same as the filer of this request for cancellation. The responsibility for notifying the DC Department of Finance and Treasury rests with the perm it holder.

dcra

WE ARE WASHINGTON DC GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR