



**Jefferson County Department of Development Services
 LICENSED PROFESSIONAL REQUEST
 FOR WITHDRAWAL FROM A JOB**

Request Date:	
Permit Number:	
Subject Property Address:	
Effective Date of Change:	

I, _____ (Licensed Professional), hereby request to be
 Removed from the Jefferson County above referenced property and permit number.

License Type: (Select One) Electrical Master Gas Plumbing Master
 Master – Natural Gas Master – LP Class A
 Gas Master – LP Class C

I acknowledge by my signature that I will hold the Jefferson County Department of Development Services harmless and relieve it from any responsibility or liability for any legal action or damage resulting from this request.

 Licensed Professional Name License Number Licensed Professional Company Name

 Licensed Professional Signature Date

(DO NOT WRITE BELOW THIS LINE. FOR COUNTY USE ONLY)

Approved	Denied
Building Official/Designee Name & Signature: _____	
Name	Signature