



**City of Gardner**  
Department of Inspectional Services  
115 Pleasant Street, Room 101  
Gardner, MA 01440  
Tel. (978) 630-4007 Fax: (978) 632-3313



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## PERMIT TERMINATION FORM

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Permit Holder (terminating permit): \_\_\_\_\_

Owner/Entity (terminating permit): \_\_\_\_\_

Permit Number: \_\_\_\_\_

Description of Work  
Completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Work to be  
Completed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sign Here: \_\_\_\_\_

- Please note: An exit inspection shall be performed to close the permit.

### **Mission Statement**

To promote the safe and compatible development of the community through fair and consistent enforcement of building codes and zoning ordinances