

Cancellation of Permit

Permittee Name: _____

Permit Number: _____

Person Authorizing Cancellation: _____

Cancellation Date: _____

Reason for Cancellation : _____

Please Send this Form to :

Division of Natural Resources

Office of Land and Streams

324 4th Avenue, Room 200

South Charleston, WV 25303

OR

Via E-Mail at:

DNRLandandStreams@wv.gov

If you have any questions, please contact our office (304)558-3225