

## PLANNING & INSPECTIONS DEPARTMENT REFUND REQUEST FORM

Date	Permit Number
Job Address (Permit Address)	
Business Name (DBA)	
Applicant Name	Applicant's Phone Number
E-Mail Address	
Mailing Address City, State & Zip code (Refund will be send to this address)  Amount of Refund (Technology/Credit Card fees are not refundable)	
administrative fee. Building permit cancella fee plus a \$50 administrative fee. Techno	er 1, 2024, All refund requests are subject to a \$50 ations with plan review are subject to 30% of the permit ology fee and Credit Card fee are not refundable*** itle 18.02.106.10 and FY25 Schedule C
SIGNATURE OF RECIPIENT:	DATE:
DO NOT WRITE BELOW THIS LINE, I AND INSPECTIONS DEPARTMENT	TO BE COMPLETED BY BUILDING PERMITS
For Office Use only:	
ADMINISTRATIVE FEE:	
REFUND AMOUNT:	