

| Chief Executive Officer                                    | DEPARTMENT OF PLANNING & SUSTAINABILITY   | Interim Director            |
|--|---|-----------------------------|
| Lorraine Cochran-Johnson                                   |   | Cedric Hudson               |
|  | <b>Refund Request Form</b>  |                             |
|  |   |                             |
| Person or Company authoriz                                 | zed to receive the refund   |                             |
|  |   |                             |
| Phone  | Email   |                             |
| Application / Dormit #                                     | Amount you are requesting \$  |                             |
|  | Amount you are requesting \$  | Please attach receipt       |
| Type of Permit or Descriptio                               | n of Fee  |                             |
|  |   |                             |
| Reason for the request                                     |   |                             |
|  |   |                             |
|  |   |                             |
| Permit/Application Address                                 |   |                             |
|  |   |                             |
| Where should we send the re                                | efund check? Street Address   |                             |
| City   | StateZip  |                             |
|  |   |                             |
|  | and/or permits that have had any inspection(s) or work perform  |                             |
| refunds. If reviews have b                                 | een completed, only 50% can be refunded. Technology Fees are  | non-refundable.             |
| Only the person or compar<br>will be eligible to receive t | ny listed on the check, credit card, or money order used to pay for<br>he refund  | r the permit or application |
| 0  |   |                             |
|  | am the person, or company representative, lawfully authorized t<br>fy that the above information is truthful and correct. | o request and/or receive    |
| Drint Nama   |   |                             |
|  |   |                             |
| Signature  | Date  |                             |
|  | Dutt  |                             |
|  | Office Use:   |                             |
| Approved Denied  | Rosson (Commonte:   |                             |
|  | Reason/Comments:  |                             |
|  |   |                             |
|  |   |                             |
| Approved/Denied bv   |   |                             |
| ·· / /   |   |                             |