



REQUEST FOR REFUND OF PERMIT FEES

Planning & Development Department
Building & Safety Division

(Please print neatly in black or blue ink or type, press tab key to advance)

Project Address (number and street name) _____ Permit Number (10 digits) _____

Contact Person's First and Last Name _____ Phone _____

Email _____ \$ _____
Refund Amount.

Please note: The refund amount will be subject to a 25% processing fee.

How was the payment made? (REQUIRED) Credit Card Cash Check

I hereby request a refund of fees paid on _____ for the following reason(s):

Submission Instructions: Please make and keep a copy of all the paperwork requested for your own records.

In the table below, please verify that all check-boxes are checked off and the documents listed are attached to your request in order to apply for a refund.

If any of the below boxes are not checked off and/or required documents are not included with this request form, your request will be denied and returned to you.

<input type="checkbox"/>	Original Receipt
<input type="checkbox"/>	Original Jobsite Blue Card (except for Public Works permits)
<input type="checkbox"/>	Original Permit as issued by the City of Berkeley
<input type="checkbox"/>	A signed letter from the PROPERTY OWNER , indicating that the work was not performed. Note: No refunds can be granted for active permits with inspection activity.
<input type="checkbox"/>	The permit has not expired.
<input type="checkbox"/>	Submit via mail or in person to: Building and Safety (Attn: Refund Request) – 1947 Center Street, 3rd Floor, Berkeley, CA 94704

I understand that all the check-boxes above must be checked and the documents listed must accompany this completed Request for Refund form in order to apply for a permit fees refund. No refund can be granted after the building permit has expired and there are no refunds granted for plan check fees. All refunds will be processed in accordance with the City of Berkeley Municipal Code, Chapter 7.20, Section 7.20.050, and Ordinance No. 3631-N.S., as amended, and take approximately 8-10 weeks to process. I understand that a refund will be subject to a 25% processing fee, but not less than \$5.00 will be deducted from each refund.

X _____
Contact Person's Signature Date

Check Made Payable To: _____
Name to be printed on check, must be the same person who originally made payment

Address

City State Zip

1947 Center Street • 3rd Floor • Berkeley • CA • 94704-1113
Tel: 510.981.7440 • TDD: 510.981.6903 • Fax: 510.981.7450
Email: BuildingandSafety@CityofBerkeley.info