

Building Permits & Inspection Division

General Information: (916) 875-5296 www.building.saccounty.gov

827 7th St • Room 102 Sacramento CA 95814 M-F 8:30-4:00 pm

9700 Goethe Rd ◆ Suite A Sacramento CA 95827 M-F 8:30-4:00 pm

Permit Refund Request

Please Print Clearly	Today's Date:				
Permit No.	Site Address				Permit Issue Date
Type of Permit: ☐ Building	□ Plumbing	□ Electrical	☐ Mechanical	□ Pool/Spa	□ Plan Check
☐ Other (Describe)					
Reason for Refund					
Refunds are to Payee:					
Name of Recipient		()_ Teleph	Email _ none		
•		·			
Address		City		State	Zip
Printed Name of Applicant			Signature of App	licant	
CBC Section 108.5 FEE REFU	INDS (as amende	ed by SCC 16.0	2.80).		
The Building Official may autho be refunded when no plan revieinspections have not been provindividual plan review or buildin The Building Official shall not a original applicant not later than refund of either fee if the plan refund of the collected for the plan refund the pla	ew has been performed by the service of the refund of the refund of the refund of the refunder	ormed. The build of these separal ding of any fee the date of fee permit has expiring Permit Fee" nning", the "Zon	ding permit fee mate and independent paid except upon payment. Under red. and the "Plan Re"	ny be refunded on the fees shall not written applicat no circumstance view Fee" only.	only when exceed 80% of the ion filed by the es shall there be a
Note: Refund			e up to six weeks	to be process	ed.
FOR OFFICE USE ONLY					
Refund % (per SCC Section	16.02.80)				
Refund Amount (per SCC Sec	tion 16.02.80)	\$			
Processed by:					
Supervisor Name (please prin	t);				
Supervisor Approval Signature	ð:		Dat	8:	