

**Building Permits & Inspection Division**

General Information: (916) 875-5296

www.building.saccounty.gov

827 7<sup>th</sup> St • Room 102  
Sacramento CA 95814  
M-F 8:30-4:00 pm9700 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 \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**CBC Section 108.5 FEE REFUNDS** (as amended by **SCC 16.02.80**).

The Building Official may authorize the refunding of any fee paid hereunder that was erroneously paid or collected. The Building Official may authorize the refunding of plan review and/or building permit fees. The plan review fee may be refunded when no plan review has been performed. The building permit fee may be refunded only when inspections have not been provided. The refund of these separate and independent fees shall not exceed 80% of the individual plan review or building permit fee.

The Building Official shall not authorize the refunding of any fee paid except upon written application filed by the original applicant **not later than 180 days after the date of fee payment**. Under no circumstances shall there be a refund of either fee if the plan review or building permit has expired.

1. Total Permit Fee is the sum of the "Building Permit Fee" and the "Plan Review Fee" only. There will be no refund of the collected "Long Range Planning", the "Zoning" or the "IT" fees.

**Attach a Validated Copy of the Permit****Note: Refunds shall be mailed and may take up to six weeks to be processed.****FOR OFFICE USE ONLY**Refund % (per **SCC Section 16.02.80**) \_\_\_\_\_Refund Amount (per **SCC Section 16.02.80**) \$ \_\_\_\_\_

Processed by: \_\_\_\_\_

Supervisor Name (please print): \_\_\_\_\_

Supervisor Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_