



Building Permits & Inspection Division

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

Full Service Center 827 7th Street, Room 102 Sacramento, CA 95814 M-F 8:30am - 4:30pm	East Area Service Center 5229 Hazel Avenue, Suite B Fair Oaks, CA 95628 M-Tu. 9:00am - 4:00pm
Bradshaw Center 9700 Goethe Road, Suite A Sacramento, CA 95827 M-F 8:30am - 4:30pm	North Area Service Center 3331 Peacekeeper Wy, Suite 100 McClellan, CA 95652 W-Th. 9:00am - 4:00pm

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 _____

Mail Refund To:

Name of Recipient _____ (_____) 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.

- 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: _____