Planning Department
Building and Safety Division

REQUEST FOR REFUND

Building and Safety

(Please Print Neatly or Type on TOP of each line)

_____ ___ ___-___ ___ ___ ___

Contact Person's **First Name** Last Name Application/Permit Number (6 digits)

_____@_____ (_____)_____-_____

Email Phone

_____ $_____

Project Address *(number and street name)* Refund Amount *(will be subject to 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 paperwork for your own records.*

All boxes below must be checked off and items listed must accompany your request in order to apply for refund.
If any of the below boxes are not checked off and/or items are not included, your request will automatically be denied and returned to you. Submit via US Mail or Bring to: Building and Safety (Attn: Refund Request) 2120 Milvia Street Berkeley, CA 94704

☐	**Original** Receipt
☐	**Original** Jobsite Blue Card *(except for Public Works permits)*
☐	**Original** Permit
☐	A **signed** letter from the ***PROPERTY OWNER***, indicating why the company did not perform the work.
☐	The permit or application has not expired.
☐	**Submit VIA Mail or in person to: Building and Safety (Attn: Refund Request)-2120 Milvia Street Berkeley, CA 94704**

I understand all boxes above must be checked off and items listed must accompany your request in order to apply for refund, and that no refund can be granted after the permit or application is 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Name to be printed on check *(same person or company who originally made payment)*

_____

Address

_____

City State Zip