



APPLICATION FOR REFUND

PROPERTY & JOB INFORMATION

Date:
Request is hereby made pursuant to CBC 109.6 / CRC 108.5 for a refund of Permit, Plan Review and/or associated fees paid to the Division of Building and Safety.
Permit Application/Record Number:
Project Address: Montclair, CA

CLAIMANT INFORMATION

Claimant Name (Original maker of payment or Applicant):
Claimant Mailing Address:
Phone No.:
Email Address:

REASON/JUSTIFICATION FOR REFUND REQUEST:
[Empty lines for justification]

I hereby certify this information is true and correct to the best of my knowledge, and that I am the owner or authorized agent entitled to a refund of the fees for this project, and that no claim has been previously submitted or paid in connection with this construction project.

Signature of Claimant:

INTERNAL USE ONLY

A copy of payment receipt must be attached with this request.

Type of Refund: [ ] Plan Review [ ] Permit Fee [ ] Other

Reason for Refund: [ ] Fees Erroneously Collected (100%) [ ] Cancellation Prior to Start of Work (80%)

[ ] Other:

Application for Refund Verified by: Staff

Date Submitted to Building Division:

Approved Refund Amount: \$ Approval of Refund: Building Official