

APPLICATION FOR REFUND

Date:
District Office: Ventura Simi Valley
Request is hereby made pursuant to Ventura County Building Code, Section 109.6 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: City :
Claimant Name:(Original maker of payment, if knownor Applicant)
Claimant Mailing Address:
Telephone number: Email address:
Reason/Justification for Refund Request:
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 :
Building and Safety Staff Use Only
A copy of payment receipt, Inspector's permit, and refund calculation worksheet 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 (90%)
Other :
Application for Refund Verified by:
Permit Technician Date Submitted to Building and Safety:
Approved Refund Amount: \$
Approval of Refund:
District Manager Building Official
Revised 5/13/202