

BUILDING AND SAFETY DIVISION 100 CIVIC CENTER WAY, CALABASAS CA 91302 (818) 224-1600

REQUEST FOR REFUND OF DEVELOPMENT RELATED FEES

Requests for refund must be made by the party responsible for fee payment within one year of payment receipt.

Date of Fee Payment:		Permit #:	
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Job Address:		Zip Code	Unit Number
Petitioner's* Name (Must Be Payor of Fees):		Phone No.	Fax No.
Street Address	City	State	Zip Code
* Attach proof of payment to this form. (Copy of check, credit card statement, or cash receipt.) *			
Type** and Amount of Fees for Which Refund is Requested:			
Description of Circumstances which Justify Refund of Fees:			
Petitioner's Signature:			Date:
Determination of Building Official			
Action:			
Approve Request for Refund as Stated Approve Re	equest for Refund in the Amount of:	\$	Deny Request for Refund
Building Officer Signature:			Date:
Planning Manager Signature:			Date:
Planning & Community Development Director Signature:			Date:
Routed to Finance Date:	Petitioner Notif	fied of Determination	Date: