



City of  
Santa Rosa

**Request for Permit Refund**

**Building Department Refund Request Form**

---

Permit#: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Fees Paid: \$ \_\_\_\_\_

Job Address: \_\_\_\_\_

Requestor Name \_\_\_\_\_

Requestor Phone # \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address for Refund: \_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

.....  
**OFFICE USE ONLY**

Vendor #: \_\_\_\_\_

Invoice #: \_\_\_\_\_

**Plan Check started?**  Yes  No

**Inspections completed?**  Yes  No

**Refund Calculation:**

\_\_\_\_\_ % of permit/application fee x \$ \_\_\_\_\_ = Refund Amt: \$ \_\_\_\_\_

**Refund Approved for \$** \_\_\_\_\_

**Refund Denied**

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Authorized Building Department Representative**

\_\_\_\_\_  
**Date**