250 East L Street • Benicia, CA 94510 • (707) 746-4230

Development Services Department
Building Safety Division

BUILDING PERMIT REFUND REQUEST

Owner/Applicant Name:_____

Address: _____

City:_____ State:_____ Zip:_____Phone: _____

Email:_____ **PERMIT No**: _____

PERMIT STATUS: _____

_____

Print Name Signature Date

OFFICE USE ONLY

Mail Check Address: _____

City:_____ State:_____ Zip:_____Phone: _____

APPROVED BY: _____ TITLE:_____ DATE:_____

----------**SEE ATTACHED RECEIPT FOR DETAIL** ----------

TOTAL FEES COLLECTED _____

TOTAL REFUNDABLE FEES (SEE HIGHLIGHTS ON RECEIPT) _____

ADMINISTRATIVE FEE DEDUCTED _____

AMOUNT OF REFUND TO BE PROCESSED _____

RECEIPT NUMBER _____