



CITY OF SAN BERNARDINO
Community Development Department, Planning Division
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San Bernardino, CA 92401
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BOND RELEASE REQUEST FORM

Applications may be filed with the Planning Division Monday through Thursday between the hours of 7:30 a.m. and 5:00 p.m., and Fridays between the hours of 7:30 a.m. and 4:00 p.m.

Project Address / Location: _____

Assessor's Parcel Number [APN]: _____

Zoning District: _____ General Plan Designation: _____

APPLICANT NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Email: _____

PROPERTY OWNER NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Email: _____

ARCHITECT / ENGINEER NAME: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Email: _____

(Not to be used for release of bonds for subdivisions. Contact Public Works Development Review Section)

Please provide as much information as possible in order to facilitate processing of request. Please allow at least 30 days for response to the above request.

Note: Refund/Release of Bond can only be made to person or organization that originally paid fees or posted bond.

Person Requesting Refund: _____

Mailing Address: _____

City/State: _____

Phone Number: _____ **E-mail:** _____

OFFICE USE ONLY	
Date Filed: _____	Case Number: _____
Receipt Number: _____	Submitted To: _____

**Planning Case File Number or
Permit Number & Date of Permit:** _____ (Attach copy of permit)

Subject Site Address: _____

Receipt Number: _____ (Attach copy of receipt)

Please explain circumstances for the release of bond/refund: _____

* Required Information

Signature: _____ **Date:** _____

Public Works Inspection Required Prior To Release of Bond

PROJECT JUSTIFICATION LETTER

OFFICE USE ONLY

Date Filed: _____ **Previous Case:** _____ **Case Number:** _____
Receipt Number: _____ **Fees:** _____ **Submitted To:** _____