



**COUNTY OF SAN BENITO
RESOURCE MANAGEMENT AGENCY
PLANNING AND BUILDING INSPECTION SERVICES**

2301 Technology Parkway
Hollister, CA 95023-2513

Phone: (831) 637-5313
E-mail: sbcplan@cosb.us

PERMIT FEE REFUND REQUEST FORM

PERMIT INFORMATION:

PROJECT ADDRESS:		DATE:	
BUILDING PERMIT #:		DATE PERMIT ISSUED:	
APN:			

APPLICANT INFORMATION:

COMPANY NAME:		PHONE1:	
APPLICANT NAME:		EMAIL:	
ADDRESS:			
CITY / STATE / ZIP:			

REASON FOR REFUND:

NOTE: Refund request must be received by the Building Division no later than 180 days after the permit issuance date.

THIS PORTION TO BE FILLED OUT BY BUILDING DIVISION PERSONNEL ONLY

APPROVED BY:		DATE:	
PROCESSED BY:		EDEN DOC #:	
VENDOR #:		REFUND AMOUNT:	

STAFF VERIFICATION CHECK LIST:

- Verify applicant is the same as on permit application form.
- Check identity of applicant -- driver's license or equal and provide the # _____.
- Verify payment with canceled check and/or receipt from the County.
- Verify from the Finance Department that check has not been returned for insufficient funds.
- Research street file to verify that requested refund is not a duplicate.
- Entered notes into Accela under the Building Permit, including by whom (initials ok), and pertinent information, including status.