



Development Services Department

300 Richards Boulevard 3rd Floor Sacramento, CA 95811

Help Line: (916) 808-5656

www.cityofsacramento.org/dsd



Permit Services Only

PV # _____

REQUEST FOR PERMIT REFUND

(attach copy of register receipt)

Permit Number

(required)

(attach original job card)

Job Address: _____

Date of Written Request: _____ Date Request Received: _____

Permit For: _____

Reason for Refund: _____

Contractor: _____ Owner: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone #: _____ Phone #: _____

E-mail Address: _____ E-mail Address: _____

Signature: _____ Signature: _____

REFUND RECIPIENT: Contractor Owner Other _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC Section 15.08.130)
A \$50.00 PROCESSING FEE WILL BE DEDUCTED FROM ALL REFUNDS

-For Accounting Purposes Only-

AMOUNT PAID		AMOUNT TO BE REFUNDED		PERMIT SERVICES ONLY	
Permit Value		Adj. Value			
BPF pd (200/201)		BPF pd (200/201)		Register Receipt	<input type="checkbox"/>
PC/PPF pd (205)		PC/PPF pd (205)		Refund Letter	<input type="checkbox"/>
SMI pd (207)		SMI pd (207)		Job Card Attached	<input type="checkbox"/>
CBL pd (206)		CBL pd (206)		Paperless	<input type="checkbox"/>
Tech pd (259)		Tech pd (259)		App. Book Marked	<input type="checkbox"/>
Gen Plan Fee (213)		Gen Plan Fee (213)		Permit Cancelled	<input type="checkbox"/>
Excise Tax (209)		Excise Tax (209)		Supp. Paper Work	<input type="checkbox"/>
Other		Other		Inspection Done	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		Other		(If yes, no refund)	
Total Paid		(Comm/Res/Fee)	-\$50.00		
		Total Refund Amount			

REFUND PROCESSED BY: _____ DATE: _____

REFUND APPROVED BY: _____ DATE: _____

CUSTOMER SERVICE MANAGER: _____ DATE: _____