



BUILDING AND SAFETY DIVISION
1685 MAIN STREET
SANTA MONICA, CA 90401
310-458-8355

**REQUEST FOR REFUND OF
 DEVELOPMENT RELATED FEES**

**Requests for refund must be made by the party responsible for fee payment
 within one year of payment receipt.**

Date of Fee Payment:		Application or Permit F#:	
Job Address:	Zip Code	Unit Number	Floor Number
Petitioner's* Name (Must Be Payor of Fees):		Phone No.	Fax No.
Street Address	City	State	Zip Code
* Attach proof of payment to this form. (Copy of check, credit card statement, or cash receipt.) *			
Type** and Amount of Fees for Which Refund is Requested:			
Description of Circumstances which Justify Refund of Fees:			
Petitioner's Signature:			Date:
**For habitable spaces (additions or new construction) greater than 499 s.f., Requests for Refund School Fees must be made in writing, addressed to: Assistant Superintendent Business Services Santa Monica-Malibu Unified School District 1651 Sixteenth Street Santa Monica, CA 90404 The request must show justification and be accompanied by the original receipt. For further questions regarding requests for refund of School fees please call 310 450 8338.			
Determination of Building Official			
Action:			
<input type="checkbox"/> Approve Request for Refund as Stated	<input type="checkbox"/> Approve Request for Refund in the Amount of: \$	<input type="checkbox"/> Deny Request for Refund	
Building Officer Signature:			Date:
Planning Manager Signature:			Date:
Planning & Community Development Director Signature:			Date:
<input type="checkbox"/> Routed to Finance	Date: / /	<input type="checkbox"/> Petitioner Notified of Determination	Date: / /