



CITY *of* CALABASAS

BUILDING AND SAFETY DIVISION
 100 CIVIC CENTER WAY, CALABASAS CA 91302
 (818) 224-1600

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:		Permit #:	
Job Address:		Zip Code	Unit 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:
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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:
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Planning Manager Signature:	Date:
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Planning & Community Development Director Signature:	Date:
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<input type="checkbox"/> Routed to Finance	Date: / /	<input type="checkbox"/> Petitioner Notified of Determination	Date: / /
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