



## REQUEST FOR IMPACT FEE REFUND

Requests for refunds shall be in accordance with LDC 1105 and shall be accompanied by a receipt, cancelled check, or other evidence of fees paid. Approved refunds will be remitted to the payee of the impact fee payment, or to a successor-in-interest.

Date of Request: \_\_\_\_\_ Permit No: BLD- \_\_\_\_\_  
 Permit Issuance Date: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_  
 Petitioner's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Fee Payer (Person/Contractor/Company): \_\_\_\_\_  
 Successor-in-interest (if applicable): \_\_\_\_\_  
 Address for Refund Check: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REASON FOR REFUND REQUEST:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT SIGNATURE AND DATE:**

\_\_\_\_\_  
 Signature Date  
 \_\_\_\_\_  
 Printed Name

**FOR STAFF USE**

Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Account Number: \_\_\_\_\_ Amount: \_\_\_\_\_

TOTAL REFUND: \$ \_\_\_\_\_

Permit Notes Updated: \_\_\_\_\_ Yes \_\_\_\_\_ No