

## **Permit Refund Request**

Once complete – Email this form to the **L&I Office** nearest the city where the work was going to take place

- 1. Only purchasers may request refunds. We deduct a refund processing fee for all permit types.
- 2. Fees paid by credit card in the last 6 months must be refunded to the cardholder's account.
- 3. Fees paid by check are eligible for a refund 30 days after deposit.
- 4. We will mail refund checks or credit accounts in 3 to 4 weeks, delays are possible if request volume is high.

Learn how to reduce refunds: Use this	sales tax to	ool to determine if your proj	ect is in a	City Inspe	ection Jurisdiction.	
Type of Permit						
Credit my CD Account	☐ No	(not an option for fees pai	d by crec	lit card in	the last 6 months)	
Contractor's License Number:						
Date of Request:	Amount of	f Refund Requested:	Permit/Conveyance Number:			
Request Payable To:			Phone I	Phone Number:		
Address:		City:		State:	Zip Code:	
Email Address:		Name of city where work was going to take place:				
Reason for Refund: If duplicate permit, please provide both permit numbers below.						
Has the work started?						
Printed Name of Applicant Signature of Applicant						
This section will be completed by		ال	griature o	ГАрріісані		
Payment Date: Check Number:			Transaction Number:			
G.L. Codes:	Electrical	Only: Number of Req.	Electrical Only: Number of Inspection			
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Credit Card Debit Card L&I Inspector/Employee Name:	☐ Cash ☐ Check ☐ CD Acc			Account	ACH	
Lat inspector/Employee Name.						
☐ Full Approved ☐ Partial Approved ☐ Request Denied ☐ Refund Amount Approved: \$						
Additional Notes:						
L&I Inspector/Employee Signature		itle		Date		
Supervisor/Program Representative Signature		itle		Date		
SCS Fiscal Tech Signature		Title			Date	