



PERMIT CANCELLATION REQUEST

DATE: ____/____/____

COPY OF PERMIT ATTACHED: Yes No

Check the type of permit that applies:

ELECTRICAL HVAC OCCUPANCY PLUMBING SIGN BUILDING

PROJECT INFORMATION

Project/Permit No.: _____ Address: _____

APPLICANT INFORMATION

Contractor's License No. _____ License Holder/
(if applicable): _____ Applicant's Name: _____

REFUND INFORMATION

Refund Request No Refund Request - Cancellation Only

Reason for cancellation: _____

Refund Payable To: _____ Contact Phone Number: _____

Mailing Address: _____

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE

Sworn to and subscribed before me, and the undersigned authority on this ____ day of _____, _____
To certify which witness my hand and seal of office.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

MY COMMISSION EXPIRES

IMPORTANT NOTE: The building official may authorize refunding of any fee that was erroneously paid or collected due to an error by one or more city employees. This provision shall not be applicable if the error occurred because of incorrect information provided by the applicant.

The *building official* may authorize the refunding of not more than 90 percent of the amount in excess of the minimum permit fee stated in the city fee schedule for the permit fee paid, when no work has been done under a permit issued in accordance with this code. If work has been done under the permit, no refund shall be authorized. The administrative fee established by the city fee schedule and the plan review portion of the permit fee is nonrefundable.

The building official shall not authorize refunding of any fee paid except upon written application filed by the original permittee not later than 180 days after the date of fee payment.

FOR OFFICE USE ONLY

APPROVED

FULL REFUND PARTIAL REUND

Total Refund: _____ Approved by: _____

NOT APPROVED

By: _____

Reason: CANCELLATION ONLY

OTHER _____

REFUND CALCULATION

Total Permit Paid _____
Minimum Permit Fee Deduction _____
Administrative Fee Deduction _____
Additional Deductions (if applicable) _____
Plan Review Fee (if applicable) _____
Subtotal Refund _____
X Partial Refund 90% _____
REQUESTED REFUND _____