



Community Development Department

REQUEST FOR REFUND OF DEVELOPMENT-RELATED FEES

Project Address: _____

Activity/Permit Number: _____

Amount Paid: _____ Date of Payment: _____

Type of Fee: Plan Review Planning Application Permit Other

PETITIONER INFORMATION

Petitioner's Name: _____

Petitioner's Title: _____

Trust / LLC Owner? Articles of Incorporation copies are required. Copy Provided? Yes No

Email: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DESCRIPTION OF CIRCUMSTANCES WHICH JUSTIFY REFUND OF FEES:

Required Attachments:

1. Proof of payment
2. Articles of incorporation for LLC's, Trust's, and all Business entities.

Petitioner's Signature: _____ Date: _____