

## Permit Cancellation/ Refund Request



2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375

DATE:	
Check the type of permit that applies:	
BUILDING (RES/COM)  MECHANICA	AL SOLAR
ELECTRICAL SIGN	
PLUMBING POOL	
PROJECT INFORMATION	
Permit No.: Address:	
General Contractor / Company Name (if applicable):Applica	nt's Name:
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INFORMATION	
Reason for cancellation:	
Refund Pavable To:	Contact Phone Number:
Mailing Address:	
REQUESTOR'S PRINTED NAME	REQUESTOR'S SIGNATURE
IMPORTANT NOTE: The building official may authorize refunding one or more city employees. This provision shall not be appl provided by the applicant.	of any fee that was erroneously paid or collected due to an error by icable if the error occurred because of incorrect information
The refunding of the permit fee stated in the city fee schedule for the	permit fee paid, when no work has been done under a permit issued the permit, no refund shall be authorized. The administrative fee
We shall not authorize refunding of any fee paid except upon written	
after the date of fee payment. We reserve the right to inspect the pro	
FOR OFFIC	E USE ONLY
Refund Approved	REFUND CALCULATION
Approved By:	Total Permit Fees
54.00.4	Plan Review Fee (Deduction)
Refund Not Approved	Administrative Fee (Deduction)
Reason:	Non-DSD fees (Refund)
	Refund Subtotal Approved Refund Amount
Refund for NO	N-DSD Accounts
nount: Acct:	Amount: Acct: