



PERMIT CANCELLATION/ REFUND REQUEST

Development Services Department

2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240 | Fax: 361.826.4375 | PermitRequests@cctexas.com

DATE: _____

Check the type of permit that applies:

- | | | |
|--------------------|------------|-------|
| BUILDING (RES/COM) | MECHANICAL | SOLAR |
| ELECTRICAL | SIGN | |
| PLUMBING | POOL | |

PROJECT INFORMATION

Permit No.: _____ Address: _____

General Contractor / Company Name
(if applicable): _____ Applicant's Name: _____

INFORMATION

Reason for cancellation:

Refund Payable To: _____ Contact Phone Number: _____

Mailing Address: _____

REQUESTOR'S PRINTED NAME

REQUESTOR'S SIGNATURE

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 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 in accordance with this code. If work has been done under the permit, no refund shall be authorized. The administrative fee of \$125.00 established by the city fee schedule and the plan review portion of the permit fee is nonrefundable.

We shall not authorize refunding of any fee paid except upon written application filed by the original permittee not later than 60 days after the date of fee payment. We reserve the right to inspect the property before deciding on the refund.

FOR OFFICE USE ONLY

Refund Approved Approved By: _____ Refund Not Approved Reason: _____ _____ _____	<u>REFUND CALCULATION</u> Total Permit Fees _____ Plan Review Fee (Deduction) _____ Administrative Fee (Deduction) _____ Non-DSD fees (Refund) _____ Refund Subtotal _____ Approved Refund Amount _____
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Refund for NON-DSD Accounts	
Amount: _____ Acct: _____	Amount: _____ Acct: _____