



**COUNTY OF SAN BENITO  
RESOURCE MANAGEMENT AGENCY  
PLANNING AND BUILDING INSPECTION SERVICES**

2301 Technology Parkway  
Hollister, CA 95023-2513

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**PERMIT FEE REFUND REQUEST FORM**

**PERMIT INFORMATION:**

PROJECT ADDRESS:		DATE:	
BUILDING PERMIT #:		DATE PERMIT ISSUED:	
APN:			

**APPLICANT INFORMATION:**

COMPANY NAME:		PHONE1:	
APPLICANT NAME:		EMAIL:	
ADDRESS:			
CITY / STATE / ZIP:			

**REASON FOR REFUND:**


NOTE: Refund request must be received by the Building Division no later than 180 days after the permit issuance date.

**THIS PORTION TO BE FILLED OUT BY BUILDING DIVISION PERSONNEL ONLY**

APPROVED BY:		DATE:	
PROCESSED BY:		EDEN DOC #:	
VENDOR #:		REFUND AMOUNT:	

**STAFF VERIFICATION CHECK LIST:**

- Verify applicant is the same as on permit application form.
- Check identity of applicant -- driver's license or equal and provide the # \_\_\_\_\_.
- Verify payment with canceled check and/or receipt from the County.
- Verify from the Finance Department that check has not been returned for insufficient funds.
- Research street file to verify that requested refund is not a duplicate.
- Entered notes into Accela under the Building Permit, including by whom (initials ok), and pertinent information, including status.