APPLICATION FOR REFUND OF FEES TO THE CITY CONTROLLER OF THE CITY OF PASADENA

In accordance with the provisions of the Pasadena Administrative Code and/or Title 17 of the Pasadena Municipal Code, an application is hereby made for a refund of fees paid to the City of Pasadena as follows:

Project Address: _____ Case #: _____

Date Fee Paid: _____ Date of this Application: _____

Check the appropriate statement:

☐ The City Controller may refund any fee paid hereunder more than once, or which was erroneously paid or collected.

Please indicate reason: _____

☐ No work was done under the permit and/or No plan review work has been performed. (Not more than 80% of fee may be refunded.)

☐ Should an application for a Change of Zone, Use Permit, Variance, Sign Exception or Design Review be withdrawn in writing on a form to be supplied by the City prior to the preparation of any notice required by PMC Title 17, a refund of 80% shall be made to the applicant.

☐ No inspection by Code Enforcement has been made under said application, and not more than 60 days have elapsed since the payment of said application.

The original applicant must file this application no later than 180 days after the date of fee payment. Applications for refund of School District or County Sanitation District Fees must be submitted to each district. Application for refund of New Development Impact fees (residential or commercial) must be submitted to the Public Works Department.

*** PLEASE PRINT CLEARLY ***

REFUND PAYABLE TO (ORIGINATOR OF CHECK): _____

Telephone: [ ] _____ Fax: [ ] _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE OF ORIGINAL APPLICANT: _____ **DATE:** _____

***TO BE COMPLETED BY CITY STAFF ***

DIVISIONAL RECORDS INDICATE THAT THE FOLLOWING FEES HAVE BEEN PAID:

PERMIT FEE/PLAN REVIEW FEE $_____ X 80% =	$_____
CONSTRUCTION TAX	$_____
S.M.I.P.	$_____
FILM/SPECIAL EVENTS/ARTS	$_____
PLANNING APPLICATION	$_____
CERTIFICATE OF OCCUPANCY/CODE COMPLIANCE CERTIFICATE	$_____
HOME OCCUPATION/CODE COMPLIANCE CERTIFICATE	$_____
MISC. _____	$_____
TOTAL FEES PAID	**$**_____
I RECOMMEND THAT A REFUND OF: BE PAID TO THE APPLICANT NAMED ABOVE.	**$**_____

APPROVED BY (SIGNATURE): _____ **DATE:** _____

**WHITE COPY TO FINANCE* **CANARY COPY TO PERMIT CENTER*

DEPARTMENT: _____

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