

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

COPY OF PERMIT ATTACHED:  Yes  No  
(If applicable)

**TYPE OF CANCELLATION REQUEST**

- Electrical Permit  HVAC Permit  Plumbing Permit  Building Permit  Sign Permit  Occupancy Permit/Fee
- Project Number Cancellation (**NOTE:** Plan Review fees are NON-REFUNDABLE. This includes PX, RV and S9)

**PROJECT INFORMATION**

Project/Permit No.: \_\_\_\_\_ Address: \_\_\_\_\_

**APPLICANT INFORMATION**

Contractor's License No./Licensee's Name (Required for Trades Only): \_\_\_\_\_

Applicant or Owner's Name (Required for all other Requests Other than Trades): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**REFUND INFORMATION**

- Refund Request  No Refund Request - Cancellation Only

Reason for cancellation: \_\_\_\_\_

Refund Payable To: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Sworn to and subscribed before me, and the undersigned authority on this \_\_\_\_ day of \_\_\_\_\_,  
To certify which witness my hand and seal of office.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

\_\_\_\_\_  
MY COMMISSION EXPIRES

**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 *building official* may authorize the refunding of not more than 90 percent of the amount in excess of the minimum 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 established by the city fee schedule and the plan review portion of the permit fee is nonrefundable.**

The building official shall not authorize refunding of any fee paid except upon written application filed by the original permittee not later than 180 days after the date of fee payment.

**FOR OFFICE USE ONLY**

- APPROVED  FULL REFUND (minus admin fee)  PARTIAL REFUND

Total Refund: \_\_\_\_\_

Approved by: \_\_\_\_\_  
DM (Initials) DAD (Initials) B.O. Signature

- NOT APPROVED By: \_\_\_\_\_

Reason:  CANCELLATION ONLY  
 OTHER \_\_\_\_\_

**REFUND CALCULATION**

Total Permit Paid	_____
Minimum Permit Fee Deduction	_____
Administrative Fee Deduction	_____
Additional Deductions (if applicable)	_____
Subtotal Refund	_____
<input checked="" type="checkbox"/> Partial Refund 90%	_____
<b>REQUESTED REFUND</b>	_____