



# YOLO COUNTY BUILDING INSPECTION DIVISION

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Form #  
GH - 017

## REFUND REQUEST

Owner Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

APN: \_\_\_\_\_ Permit # (PC; BP; Zone; etc.) \_\_\_\_\_

Reason for Refund:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Refunded check payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Signature of Requesting Party: \_\_\_\_\_ Date: \_\_\_\_\_

\*The Building Official may authorize refunding of not more than 80 percent of the permit fee when no work has been done under this permit. The Building Official may authorize refunding of not more than 80 percent of the plan review fee paid when an application for a permit for which a plan review fee has been paid is withdrawn or cancelled before any plan reviewing is done.

### OFFICE USE ONLY:

MANAGER APPROVAL:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL AMOUNT OF REFUND: \_\_\_\_\_