



**BUILDING AND SAFETY DIVISION**  
**1685 MAIN STREET**  
**SANTA MONICA, CA 90401**  
**310-458-8355**

**REQUEST FOR REFUND OF  
 DEVELOPMENT RELATED FEES**

**Requests for refund must be made by the party responsible for fee payment  
 within one year of payment receipt.**

Date of Fee Payment:		Application or Permit F#:	
Job Address:	Zip Code	Unit Number	Floor Number
Petitioner's* Name (Must Be Payor of Fees):		Phone No.	Fax No.
Street Address	City	State	Zip Code
* Attach proof of payment to this form. (Copy of check, credit card statement, or cash receipt.) *			
Type** and Amount of Fees for Which Refund is Requested:			
Description of Circumstances which Justify Refund of Fees:			
Petitioner's Signature:			Date:
<b>Determination of Building &amp; Safety Manager</b>			
Action:			
<input type="checkbox"/> Approve Request for Refund as Stated	<input type="checkbox"/> Approve Request for Refund in the Amount of: \$	<input type="checkbox"/> Deny Request for Refund	
Building & Safety Manager Signature:			Date:
Planning Manager Signature:			Date:
Planning & Community Development Director Signature:			Date:
<input type="checkbox"/> Routed to Finance	Date: / /	<input type="checkbox"/> Petitioner Notified of Determination	Date: / /