

DEVELOPMENT SERVICES DEPARTMENT

Building Safety Division

BUILDING REQUEST FORM

Date:		

PERMIT / APPLICATION REFUNE *Please check all that apply for t mantecapermits@manteca.go	his request. Re	eturn completed form:
Permit/Application(s) #:		_ Permit Type:
Project Address:		
Provide following reason for this project		
Property Owner (Print Name)	 OR	Property Owner (Signature)
Contractor (Print Name)	OR	Contractor (Signature)
Mail Address:		
Mail Address: Phone #: Email A	\ddress:	
I hereby request a refund of fees allowed by CBC 1 refundable beginning 180 days after the date of app to 80% of the permit fee paid, and that no refu	09.6 for the abov blication. I further nds will be give	ve-referenced project. I understand that fees are not r understand that the maximum refund allowed is up n for permits which have already received one or : I am the individual or firm principal who originally
Signature:	Date:	
If a refund is authorized, make check out to:		
Name:		Phone #:
Address:	City:	Phone #: State: Zip:
Special Instructions:		
	FICE USE ONLY	
Processed by: Denied Reason:		ded note in system: Date:
Approved □ Refund amount: \$ ***Attach supporting documentation of refund		
Building Official Authorization:		