



# CITY OF COEUR D'ALENE Building Services

710 E MULLAN AVE COEUR D'ALENE ID 83814 208-769-2267 – 208-769-2237 FAX

## PERMIT REFUND REQUEST

Permit Number: \_\_\_\_\_

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

TYPE:  Building Permit  Plumbing Permit  Mechanical Permit  Re-Roof  Siding

Other: \_\_\_\_\_

*Refund requests are reviewed case by case. Not all fees are eligible for refund such as plan review and processing fees. The Building Official reviews the refund request and determines the approved refund amount. Once approved, it can take 2-3 weeks to receive a refund check.*

Justification for refund: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To assist in expediting the refund, please attach a copy of the credit card payment confirmation receipt.

Refund Amount Requesting: \$ \_\_\_\_\_

Was a company credit card used?  Yes  No

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Individual Name (Cardholder Name)

\_\_\_\_\_  
Address (Cardholder Address)

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

### APPLICANT INFORMATION:

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

### Staff completes below:

Permit Fees Paid: \_\_\_\_\_

Permit Issued:  No  Yes Date Issued: \_\_\_\_\_

Date & Type of Last Inspection: \_\_\_\_\_ Outstanding Correction:  Yes  No

Approved:  Yes  No

Refund Amount Approved: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date