

<hr/> Property Address	<hr/> Design Review or Building Permit Application Number
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**CITY OF PIEDMONT  
REQUEST FOR REFUND**

I, \_\_\_\_\_, request that the City of Piedmont

Department of Public Works refund \$\_\_\_\_\_ to me.

Reason for refund request :

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Date Fee Paid: \_\_\_\_\_ Total Fee Paid \$\_\_\_\_\_ Check No. \_\_\_\_\_

Person/Company Who Paid: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
City                      State                      Zip Code

\_\_\_\_\_  
Telephone Number

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For Staff Use Only

Total fee to refund: \$\_\_\_\_\_

\*Non-refundable fees include: Plan Check, SMIP, Cal SB 1473, and Sidewalk Inspection

Verified by \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_

Chester Nakahara, Public Works Director