



**THURSTON COUNTY**  
 WASHINGTON  
 SINCE 1852

COUNTY COMMISSIONERS  
 Cathy Wolfe  
 District One  
 Sandra Romero  
 District Two  
 Karen Valenzuela  
 District Three

## PERMIT ASSISTANCE CENTER

### REQUEST FOR REFUND

Name: \_\_\_\_\_ Primary Parcel #: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Permit/Project #(s): \_\_\_\_\_  
 Address: \_\_\_\_\_ Name of Project(s); \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Payment Date: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

*(Attach Copy of Receipt if possible)*

Reason for refund request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Refund requests must be submitted within six (6) months of payment, EXCEPT: No refund of a plan review or portions thereof will be allowed after receipt of permit application for **Building/Manufactured Home permits**. No refund of a permit fee or portion thereof will be allowed if more than 30 days have passed since issuance of said permit. No refunds greater than 80% of total fees paid will be issued.

For exceptional circumstances, the Department may waive the above limitations. The Department may request a detailed written request for such waiver. *(Permitting System Policies & Procedures No. ADMN.96.POL.302; dated 9/20/04)*

**Note: Refunds will be issued to the original payee only.**

#### For County Use Only

*(For Accounting Use Only)*

Treasurer's Transmittal #:	Transmittal Date:	Refund #
Building Department	N/A	Hours expended _____ Reviewer: _____ Date _____
Planning & Environmental	_____	Hours expended _____ Reviewer: _____ Date _____
Environmental Health	_____	Hours expended _____ Reviewer: _____ Date _____
Development Review	_____	Hours expended _____ Reviewer: _____ Date _____
Other: _____	_____	Hours Expended _____ Reviewer: _____ Date _____
Application fee paid \$ _____ - \$ _____ Expended* = REFUND TO PROCESS \$ _____		

\* Based on the hourly rate in effect on the date of the original application

Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**Return to:**  
**Permit Assistance Center**  
 2000 Lakeridge Drive SW, Olympia, Washington 98502-6045  
 (360) 786-5490 TDD (360) 754-2933