



COUNTY COMMISSIONERS
 Cathy Wolfe
 District One
 Sandra Romero
 District Two
 Bud Blake
 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				
Department	Hours Expended	Refund Due	Signature	Date
Planning & Environmental		\$		
Environmental Health		\$		
Development Review		\$		
Other: _____		\$		
Total Refund to Process \$ _____				
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