

Community Development BUILDING DIVISION 1444 West Garvey Avenue West Covina, CA 91790 626-939-8425 Building@westcovina.org

Request for Refund

Address:		Proi	ect Numbers:		
Type of Refund Request:	Permit	Plan Check			
Reason for Refund:	Termit	Train Check			
Please enter the name, address	s and contact of	of who the fees sh	ould be refunded to		
Name:		Email:			
Phone Number:		Relation to Project:			
Street Address:					
City:		State:	Zip:		
	cking fee sha (80) percent	of the plan rev	iew fee may be refund	s been performed on a set of ed; however, the portion of	
Permit Refund Requests In the event that any person covered by such permit ha equal to eighty (80) percen fee retained shall be no less	s been comn t of the pern	nenced, the per nit fee actually p	son shall be entitled to paid for such permit; he	a refund in an amount	
Time Limitation No refund shall be granted of the permit or plan review		ot of the reques	t occurs more than on	e (1) year following payment	
By signing below, I acknowle		e read and under	rstand the above statemen	nts and all information is	
accurate to the best of my kno	<u>owledge</u>				
Applicant's Signature		Plea	se Print Full Name	Date	

THIS PAGE IS FOR CITY STAFF TO COMPLETE

Address:		Project Numbers	:
[]	APPROVED	[]	DENIED
Comments:			
Date:			
Staff Name:	:	Title:	
Signature: _			