

CDDD Refund Request Form

Please review the Refund Requirements and ensure all required information is included with this Refund Request Form. All Refund Requests must **include original signatures in blue ink**.

Approved refunds will be mailed within 90 days following receipt of Refund Request.

Applicants must initiate a Refund Request within 365 days following the project becoming inactive for any reason, including: final project sign-off by the City Building Department, or following any type of termination or cancellation of the project. Delayed Requests will not be eligible for a refund.

Do not cut or modify this form. Please submit the entire page.

Complete Sections 1 and 2 below. Refunds may not be issued if Sections 1 and 2 are incomplete.

Section 1

Permit Number _____ - _____

Deposit Paid \$ _____

Project Address _____

City _____ Zip _____

Section 2

I certify that the information provided with this Refund Request represents the disposition of at least 90% of the materials generated from this project. Furthermore, I certify that this information represents materials generated only from the project listed above. (please use blue ink to sign)

Signature _____

Date _____

Print Name _____

Title _____

Phone Number () _____

Refund check will be mailed to the name and address listed on the Permit Receipt in the box marked "Received From". If the refund check is to be sent to a person or address other than that listed in the "Received From" box, please complete Sections 3 and 4 of this form.

If the refund check is to be sent to a person or address other than the "Received From" party listed on the Permit Receipt, complete Sections 3 and 4 below in addition to Sections 1 and 2.

Change of Address for Refund Notice

(To be completed by "Received From" party listed on Permit Receipt)

Section 3

By signing my name, I hereby direct any CDDD Refund for

Permit Number _____ - _____

to be sent to the name and address listed in Section 4 below.

Signature _____

Date _____

Print Name _____

Title _____

Section 4

New Name/Address

Name _____

Address _____

City _____

State _____ Zip _____

Please review the Refund Requirements and ensure all necessary information is included with this Refund Request Form.

Mail completed Refund Requests to:

CDDD Refund Request
Environmental Services
City of San José
200 East Santa Clara Street
San Jose, CA 95113

For City official use only