

SUSAN HEALY KEENE, Director
 GEORGE CHAVEZ, City Building Official
 JONATHAN LAIT, City Planner



COMMUNITY DEVELOPMENT DEPARTMENT
 455 North Rexford Drive, 1st Floor
 Beverly Hills, CA 90210
 Tel. (310) 285-1141
 www.beverlyhills.org

REQUEST FOR REFUND OF DEVELOPMENT-RELATED FEES

PROJECT ADDRESS				Activity/Permit # *	
Type of Fee:	Plan Review Permit	Planning Application Other _____	Amount Paid:	Date of Fee Payment:	
PETITIONER INFORMATION					
Petitioner's Name (Must be payee):**		Phone:	Email:		
Street Address		City	State	Zip Code	
Description of Circumstances Which Justify Refund of Fees:					
Petitioner's Signature:			Date:		
FOR STAFF USE ONLY					
Action:					
<input type="checkbox"/> Approve Refund In Amount of \$ _____ <input type="checkbox"/> Deny Request for Refund					
Building & Safety Approval	Name	Signature		Date: / /	
Planning Approval	Name	Signature		Date: / /	
Director Approval	Name	Signature		Date: / /	
<input type="checkbox"/> Routed to Finance	Date: / /	<input type="checkbox"/> Petitioner Notified	Date: / /		

* One activity/permit per request form.

** Include proof of payment (copy of check, credit card statement, cash receipt) with this form.