

BUILDING PERMIT REFUND REQUEST FORM

Note: Development Services general email, dspermits@maricopa-az.gov

Date of Request: _____ Permit/Application No.: _____

Reason for Refund Request: _____

Requestor's Name: _____

Phone No.: _____ Email: _____

Remit To: _____

City: _____ State: _____ Zip: _____

Requester's Signature: _____

For City Use Only

Refund: 80 % of _____ = _____

Department Head Signature: _____

Date Sent to Finance: _____

