City of Seattle
Department of Construction and Inspections
700 Fifth Ave., Suite 2000, P.O. Box 34019
Seattle, WA 98124-4019
Phone: (206) 615-0714 Fax: (206) 233-7902
www.seattle.gov/sdci

Refund Request

SDCI LOG#_____
AP Voucher #_____
Hansen/Refund Log Date_____

CANCELLATION/REFUND REQUEST FORM

Type: ___Building & Mechanical ___ Conveyance ___Land Use ___Site/Side Sewer
___Boiler & Pressure Vessel ___ Electrical ___Refrigeration
___Furnace ___ Signs/Billboards ___Other : _____

APPLICATION/PERMIT #: _____ **DATE OF REQUEST:** _____

SITE/PROPERTY ADDRESS: _____

Request Type: (choose one)

___ Refund: For monetary refund only; no change to status of application/permit (i.e. for overpayment of fees)

___ Cancellation: Cancellation of permit/refund requested, with fee analysis based on Fee Ordinance

Please explain circumstances or details of request:

_____

_____

_____

MAKE REFUND PAYABLE TO:

Name: _____

Address: _____

City, State, Zip: _____ Phone# _____

Refund Applicant's Signature: _____

Authorization to Refund Money to Persons Other than Original Payer:

If the refund is to be paid to persons other than the original payer, complete and date section below:

I authorize _____ to receive the refund on behalf of the original payer.

Original Payer Signature: _____ Date: _____

Mail this form and supporting documentation to: Seattle Department of Construction and Inspections
Refund/Cancel Request ATTN: Jolene Lancaster
PO Box 34019, Seattle, WA 98124-4019

OR send by fax to: 206-233-7902 ATTN: Jolene Lancaster
OR by email to: jolene.lancaster@seattle.gov

ATTACH ANY DOCUMENTS THAT MAY BE HELPFUL IN PROCESSING THIS REQUEST. REFUNDS *MAY* TAKE UP TO 2 WEEKS TO PROCESS. REFUNDS ARE SUBJECT TO THE FEE ORDINANCE SEATTLE MUNICIPAL CODE (SMC) Ch. 22.900. IF THE ANALYSIS IDENTIFIES UNPAID FEES; YOU WILL BE BILLED FOR THE BALANCE DUE.