



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) 386-4039
 www.seattle.gov/sdci



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
 206-386-4039 ATTN: Jolene Lancaster
 jolene.lancaster@seattle.gov

OR send by fax to:
OR by email to:

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.