CITY OF WEST COVINA
BUILDING DIVISION

1444 W GARVEY AVE SO, RM 215, WEST COVINA, CA 91790
TEL: (626) 939-8425 EMAIL: Building@westcovina.org

REQUEST FOR CANCELLATION / REFUND

RECEIVED STAMP

PROJECT ADDRESS: _____

PERMIT #'S: _____

REQUEST: ☐ CANCELLATION ☐ REFUND **TYPE:** ☐ PERMIT ☐ PLAN CHECK

PROJECT TYPE: ☐ RESIDENTIAL ☐ COMMERCIAL

REASON FOR CANCELLATION / REFUND: ☐ PROJECT CANCELLATION ☐ DUPLICATE PERMIT ☐ OTHER

SCOPE OF WORK: ☐ REMODEL ☐ ADDITION ☐ ADU/JADU/UDU ☐ SOLAR ☐ MECH /ELEC /PLBG
☐ TENANT IMPROVEMENT ☐ SIGN ☐ OTHER: _____

CANCELLATION: Permit cancellation is only available on permits where the work has not commenced. Request must be signed by the permit holder. By signing below, the permit holder acknowledges that work has not commenced on the above permit.

PLAN CHECK REFUND: No portion of the plan checking fee shall be refunded, unless no review has been performed on a set of plans, in which case eighty (80) percent of the plan check fee may be refunded.

PERMIT REFUND: In the event that any person shall have obtained a permit and no portion of the work or construction covered by such permit has been commenced, the person shall be entitled to a refund in an amount no more than eighty (80) percent of the permit fee actually paid for such permit.

TIME LIMITATION: No refund shall be granted when receipt of the request occurs more than one (1) year following payment of the permit or plan review fee.

NAME OF PERSON / COMPANY TO BE REFUNDED: Please enter information below. Print legibly (do not leave blanks)

Name: _____ Relation to Project: ☐ Owner ☐ Contractor ☐ Applicant

Phone No: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

By signing below, I acknowledge that I have read and understand the above statements and all information is accurate to the best of my knowledge

_____ _____ _____

Signature of Qualifier/Permit Holder Print Full Name Date

INTAKE BY: _____ DATE: _____