

109**CITY OF KENMORE, WA
REFUND REQUEST**18120 68th Ave NE, Kenmore, WA 98028

425-398-8900

www.kenmorewa.gov

Staff use Area

Permit Number: _____**Project Number:** _____

Received By: _____

Date Received: _____

Refund Amount: _____

Approved By: _____

SECTION 1: APPLICANT INFORMATION

Name: _____

Relationship to Project: ☐ Owner ☐ Authorized Agent ☐ Other (explain): _____Address: _____

Phone Number: _____

Email Address: _____

SECTION 2: PERMIT INFORMATION

Permit Number: _____

Status of Permit: ☐ Permit never issued ☐ Permit issued ☐ Other (explain): _____

Site Address: _____

Reason for Refund Request: ☐ Wrong permit applied for ☐ No longer pursuing the project☐ Other (explain): _____

_____**SECTION 3: PAYMENT INFORMATION**

Amount of original payment: \$ _____

Date of original payment: _____

Method of original payment: ☐ Check ☐ Cash ☐ Mybuildingpermit.com (online)Payee of original payment, type: ☐ Business ☐ Individual ☐ Other (explain): _____

Payee of original payment, name: _____

SECTION 4: REFUND MAILING ADDRESS

Note: Refunds must be mailed to the original payee. If the name listed below differs from the name provided in Section 3, additional documentation will be required.

Name: _____

Mailing Address: _____

_____**SECTION 5: DECLARATION***I declare under penalty of perjury under the laws of the State of Washington that all information provided on this form is true and correct. I also affirm that I am the individual who made the original payment or am authorized to act on behalf of the business and/or individual that made the original payment and therefore have the right to request this refund.*

Signature: _____

Printed Name: _____

Date: _____