

**BUILDING PERMIT REFUND REQUEST**



Hillsborough County  
Building Services Division, 19<sup>th</sup> Floor  
P.O. Box 1110  
Tampa, FL 33601

Written refund requests must be submitted within **60 days** of permit issuance and construction must not have commenced for applicant to receive a refund of 50% of the original permit fees (not including radon and landscaping fees, which are non-refundable). **No refund will be issued unless the amount to be refunded is \$100 or more, with the exception of clerical errors resulting in overpayment, which will be eligible for a refund of 100% of the overpayment amount if the written request is made within one year from the date of the overpayment occurrence.** Questions concerning permit refunds should be addressed to the Permit Manager at 813-307-4503.

If you are requesting refund of impact fees, please send your request to the Manager, Impact Fee Program, P.O. Box 1110, 20<sup>th</sup> Floor, Tampa, FL 33601-1110 (Phone 813-276-8305).

**A copy of the receipt (plus credit card receipt if paid by credit card, copy of check/money order if paid by cashiers check or money order, or copy of canceled check if paid by personal or business check) must be attached to this form to receive a refund.** The refund will only be issued to the business or person that issued the original check (or the authorized user named on the credit card).

-----  
**Name of Business or Individual Account on which Check was Drawn or Authorized Credit Card User:**

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Business Phone \_\_\_\_\_

Reason for requesting the refund: \_\_\_\_\_

\_\_\_\_\_

Permit Number \_\_\_\_\_ Receipt Number \_\_\_\_\_

Examination Fee \_\_\_\_\_ License Fee \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

-----  
**FOR BSD OFFICE USE ONLY**

Index Code/Subobject: \_\_\_\_\_ Amount: \_\_\_\_\_

Index Code/Subobject: \_\_\_\_\_ Amount: \_\_\_\_\_

Index Code/Subobject: \_\_\_\_\_ Amount: \_\_\_\_\_

Index Code/Subobject: \_\_\_\_\_ Amount: \_\_\_\_\_

Document Number: \_\_\_\_\_ Total Refund: \_\_\_\_\_

Section Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_