



DEPARTMENT OF RESOURCE MANAGEMENT

Building Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5761 Fax: (530) 245-6468

Inspection Request Line: (530) 244-5068

Web: building.co.shasta.ca.us Email: resourcemanagement@co.shasta.ca.us

REFUND/CANCELLATION REQUEST (Rev: 07-19-2018)

REQUEST FOR:

REFUND CANCELLATION

Hold plans for pick up to 30 days: Yes No

I, _____, request a refund and/or cancellation for **Permit Number**
Print Name

Reason for request: _____

Signature of Applicant

Date

The undersigned, under penalty of perjury, states that the above claim and the items as therein set out are true and correct; that no part thereof has heretofore been paid, and that the amount herein is justly due this claimant, and that the same is presented within one year after the last item thereof has accrued. Furthermore, if I am a county or district employee, I also certify that I have deducted the value of any personal gain I may have received including, but not limited to, cash back earned on a personal credit card, frequent flier miles, and room-stay rewards.

Only the Payee on the application of the permit may receive the refund.

For County Use Only

Payee/Claimant Name: _____

Address: _____

City/Zip _____

Phone: _____

NOTE: Refunds will not be processed unless all information is completed.

FOR COUNTY USE ONLY

Approved Not Approved: _____ by _____

Date

Name and Title

Reason: _____

Permit No.: _____

Applied

Plan Check

As-built Structure - violation to be created

Zoning Research

Issued

Inspections

Fire Review

Job not started

Job Incomplete

Plan Check

Job Incomplete