

REQUISITION REQUEST

DATE OF REQUEST: _____

NAME ON PERMIT: _____

PROPERTY ADDRESS: _____

APPLICANT PHONE NUMBER: _____

DATE OF APPROVED INSPECTION: _____

PERMIT NUMBER: # _____

RECEIPT NUMBER: # _____

APPLICANT NAME AND DELIVERY ADDRESS (address where check will be mailed to):

Requirements:

- Copy of Permit
- Copy of Plan Review
- Copy of Paid Receipt(s) (Must be in the name of applicant requesting refund.)
- Copy of Approved Final Inspection (Failure to obtain approved final inspection will result in a denial of request.)