

DEVELOPMENT CENTER REFUND APPLICATION

For Office Use Only

NAME: _____
ADDRESS: _____
CITY: _____
STATE, ZIP CODE: _____
PHONE: _____

PERMIT REFUNDS:

If request is for a refund of fees paid for an electrical, plumbing, mechanical, building, sign, fence, pool, driveway, bore, paving cut or detention permit or for an Impact fee for a water and/or sewer or to close a prepaid contractor account, complete #1 below.

APPLICATION REFUNDS:

If request is for refund of fees paid for revocable permit or an administrative revocable permit or an application to the Planning Commission, Board of Adjustment, Board of Appeals, or Historical Preservation and Landmark Commission, complete #2 below.

If request is for any other refund, complete #3 below.

NOTE: Fill in paragraph 1, 2 or 3, whichever applies to you. Do not fill in more than one of these paragraphs. This application is not acceptable unless all required statements have been made. Additional information may be numbered and supplied on separate sheets and attached to this form if the space provided is inadequate.

1. PERMIT REFUNDS

- a. Permit type: _____
- b. Permit number: _____ Permit cost: _____
- c. Date of payment of permit: _____
- d. All requests for permit refunds must be accompanied by the original permits(s) and receipt(s). Are they attached? _____
- e. Why is a refund necessary?

2. APPLICATION REFUNDS

- a. Case # of application for which a refund is requested: _____
Application cost: _____
- b. Date of payment of application fee: _____
- c. Why is a refund necessary? _____

3. OTHER REFUNDS

Type of case for which a refund is requested: _____

Why is a refund necessary _____

STAFF REVIEW COMMENTS: _____

APPROVED _____ DENIED _____ AS PER COUNCIL RESOLUTION

Amount to be refunded: _____

Water Impact _____ Sewer Impact _____ Detention _____

Division Signature _____ Date _____

Department Signature _____ Date _____

CLAIMANT MUST SIGN FORM AND HAVE IT NOTARIZED:

The undersigned claimant of lawful age, being duly sworn on oath says that this claim is, to the best of claimant's knowledge, true and correct. Affiant further states that (s)he has made no payment, given, or donated or agreed to pay, give, or donate, either directly or indirectly, to any elected official, officer, or employee of The City of Oklahoma City, of money or any thing of value to obtain payment.

Social Security No. _____

Signature of Claimant

Federal Tax ID No. _____

Subscribed and sworn to before me this ____ day of _____, 20____

Notary Public

My Commission Expires: _____

My Commission Number: _____