

PERMIT SERVICES USE ONLY
PV#



PERMIT NUMBER
(Required)
01-02462
Attach job copy of permit

CITY OF SACRAMENTO
NEIGHBORHOODS, PLANNING & DEVELOPMENT SERVICES DEPARTMENT

DEVELOPMENT SERVICES DIVISION
1231 I STREET, RML 200
SACRAMENTO, CA 95814

PERMIT SERVICES
916-264-7619
FAX 916-264-7046

BUILDING INSPECTIONS
916-264-5716
FAX 916-264-8370

REQUEST FOR PERMIT REFUND

JOB ADDRESS: 4712 Martin Luther King
 DATE OF WRITTEN REQUEST: 3-20-01 DATE REQUEST RECEIVED: _____
 PERMIT FOR: Pool - in ground
 REASON FOR REFUND: NOT GOING TO BUILD
 CONTRACTOR: FAMILY TIME POOLS OWNER: _____
 ADDRESS: 1925 Old Auburn ADDRESS: _____
 CITY/ST/ZIP: CITRUS HEIGHTS CA 95610 CITY/ST/ZIP: _____
 PHONE: 722-7504 PHONE: _____

REFUND RECIPIENT: CONTRACTOR OWNER OTHER: _____

ORIGINAL PERMIT "JOB COPY" IS REQUIRED FOR REFUND (SCC SECTION 9.01.051) ✓

AMOUNT PAID	AMOUNT TO BE REFUNDED
Permit Value	Adj. Value
BPF pd	BPF pd <u>438.00</u>
PC/PPF pd	PC/PPF pd
SMI pd	SMI pd <u>2.04</u>
CBL pd	CBL pd
Tech pd	Tech pd <u>23.16</u>
Other	Other
Other	Other
Other	Other
Other	Other
Other	Other
Other	(Comm/Res Adman) <u>(-30.00) (-50.00)</u>
Total Paid	Total Refund Amount <u>413.20</u>

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Job Card Attached ✓

App. Book Marked ✓

Permit Canceled ✓

Supp. Paper Work ✓

Letter Mailed

REFUND PROCESSED BY: D. Sybell DATE: 4-11-01
 REFUND APPROVED BY: Wanda Burke DATE: 4-12-01

PLEASE ALLOW 30 DAYS FOR PROCESSING