



# Fee Refund Request Form

The refund will only be issued to the business or person that issued the original payment, if this should not be the case, documentation must be provided by the original business or person, and notarized, stating the refund is due to another party.

Refund will not be processed if any documentation or information provided is insufficient or incomplete.

Refunds for fees paid to other agencies, such as EPC, must be requested from those agencies.

## **PLEASE NOTE PRIOR TO SUBMITTING THIS FORM:**

Please attach the following documents to the Fee Refund Request:

- 1) Cashier Receipt or Online Payment Receipt
- 2) Copy of canceled check\* or credit card receipt\*\*

*\* Please redact full routing number and all but last 4 of account number from checks.*

*\*\*If a credit card was used to pay and that card is no longer valid, a signed letter from the card holder is required explaining that the card is not eligible for refund and a check is requested.*

### **For Right-Of-Way Applications:**

Written refund requests must be submitted within sixty (60) days of permit issuance and construction must not have commenced for applicant to be eligible receive a refund of the original permit fees (not including the base application fee which is not refundable). Refunds will be processed at the discretion of the Administrator or their designee.

### **For Building Permit Applications:**

Written refund requests must be submitted within **60 days** of permit issuance and construction must not have commenced. The applicant will receive a refund of 50% of the original permit fees (not including radon and landscaping fees, which are non-refundable). Refunds are not issued for fees \$100 or less, with the exception of clerical errors resulting in overpayment. Clerical errors are eligible for a refund of 100% of the overpayment amount. Written request must submitted within one year from the date of the occurrence.

**Please note:** If your refund is being requested pursuant to the guidelines set for in HB-1059, please check the box indicating as such.

### **For Zoning Applications:**

Refund amounts will be calculated based on the processing stage the application has reached when the written refund request is made.

### **For Site and Subdivision Applications:**

Any application that is withdrawn within three (3) business days of submittal shall be entitled to a 75% refund. Refunds for any application that is withdrawn after three (3) business days of submittal will be processed at the discretion of the Administrator or their designee.

### **For Natural Resources Applications:**

Refunds for tree removal, LAL, and NRO applications will be processed at the discretion of the Manager of Natural Resource Review.

### **For Mobility/Impact Fees:**

Reason for refund request should be listed as one of the following:

- Grandfathering - Paid mobility should have been assessed Transportation/ROW
- Paid in Error - Should have used offset account (Notarized assignment letter necessary)
- Overcharged/Incorrect Assessment (Non-grandfathering)
- Permit modified/changed after fees were paid
- Permit Canceled - refunding fees paid
- Other (provide explanation)



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## Refund Request Information

Application Type:

- ☐ Building Permit      ☐ ROW Permit      ☐ Zoning      ☐ Site/Subdivision Application  
☐ Contractor Licensing      ☐ Fire Review      ☐ Natural Resources Permit      ☐ Impact/Mobility Fees

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

\_\_\_\_\_

**Name of Business or Individual to be refunded (if different; please submit additional documentation):**

\_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Reason for requesting the refund:

☐ Refund requested per HB-1059

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit/Application Number: \_\_\_\_\_ Fee Payment Amount: \_\_\_\_\_

Receipt Number: \_\_\_\_\_ Requested Refund Amount: \_\_\_\_\_

Refund requested via:      ☐ Check      ☐ Credit Card (Do not include card data, staff will contact you for info)

**I understand that all refunds are processed in accordance with Hillsborough County and Development Services Department policies.**

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



# Fee Refund Request Calculation

**THIS PAGE FOR INTERNAL USE ONLY**

Fee Type	Accounting String	Fee Charged	Refund %	Refund Amount
Total Refund				

**NOTE:** Refund percentage must be entered as a value between 0 and 1. For instance, 35% would be entered as .35.  
If refund amount does not auto-calculate, try opening the form in Nitro or enter 0 in an unused 'FeeCharged' field.

Intake Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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Team Leader Approval: \_\_\_\_\_  
(if required)

Division Approval: \_\_\_\_\_

Fiscal Approval: \_\_\_\_\_

Business Manager Approval: \_\_\_\_\_

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