



City of Alachua

BUILDING DEPARTMENT
15100 MAIN STREET
PO BOX 9
ALACHUA, FL 32616
Phone: (386)418-6120* Fax: (386)418-6130

PERMIT REFUND REQUEST

DATE: ___/___/___

PERMIT NUMBER: _____

REF: Contractor Name: _____

Job Address: _____

Cancellation Reason: _____

Contact Name: _____

Contact Address: _____

Phone Number: _____

Permit Fee Amount Paid: \$_____ Refund Amount: \$_____

Please be advised that the above referenced information is to request a permit refund. I understand that the Plan Review and the Zoning Compliance have been done and are therefore those fees are non-refundable. Attached you will find a copy of the original permit and a copy of the receipt for payment made.

Should you need further information, please contact the above listed contact person at the phone number indicated.

Sincerely;

Signature of Applicant

STATE OF FLORIDA
COUNTY OF _____

Sworn to and subscribed before me this ___ day of _____, 20__ by _____
who is personally known to me, or who has produced identification.

Type of Identification: _____

(Seal)

Notary Public, State of Florida