Building Department
12300 Forest Hill Blvd.,
Wellington, Fl. 33414
Ph. 753-2430 * Fax 791-4045
www.wellingtonfl.gov

REFUND REQUEST FORM

PERMIT/PROJECT NUMBER: _____

PROJECT ADDRESS: _____

APPLICANT'S NAME_____

APPLICANTS ADDRESS_____

APPLICANTS TELEPHONE NUMBER_____

REASON FOR REFUND: _____

_____

_____

LIST ALL SUB PERMITS RELATED TO THIS PERMIT (IF ANY):_____

_____

_____ _____
APPLICANT'S SIGNATURE & DATE PRINT APPLICANT'S NAME

OFFICE USE ONLY

DATE FEE PD OR PERMIT ISSUED_____ IN THE AMOUNT OF: _____

WORK WAS STARTED OR INSPECTION COMPLETED_____

AMOUNT REFUNDED_____ TYPE OF FEE_____

WHY WAS IT REFUNDED_____

DATE: _____

☐ APPROVED ☐DISAPPROVED _____
BUILDING OFFICIAL