Permit Cancellation/Refund Request

Escambia County, Florida

Building Permit No.:

Applicant:		Phone No.:
Company Name:		Fax No.:
Mailing Address (If Refund will be a check)		
Trust Account No.:		

Job Address:

Reason:		_____ **Cancellation Only**		_____ **Refund**

Details:

Date:_____ x_____ **REQUESTOR SIGNATURE**		x_____ **PRINTED NAME OF REQUESTOR**

FOR OFFICE USE ONLY

Payment Receipt No.: _____	_____ DUPLICATE PERMIT
_____ DID NOT DO THE JOB	_____ OTHER
_____ NOT LOCATED IN THE COUNTY	

COMMENTS:

FEE ID		REFUND (%)		AMOUNT DUE		REVENUE CODE

PROCESSED BY:_____ Date:_____

APPROVED BY: _____ Date:_____