



Building Department  
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[www.wellingtonfl.gov](http://www.wellingtonfl.gov)

**REFUND REQUEST FORM**

**All refund requests to be submitted with proof of payment**

**Refunds only available up to 1 year from Permit Application Date**

PERMIT NUMBER: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT TELEPHONE NUMBER: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

\_\_\_\_\_

LIST SUB PERMITS RELATED TO THIS PERMIT (IF ANY): \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE & DATE

\_\_\_\_\_  
PRINT APPLICANT'S NAME

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**OFFICE USE ONLY**

DATE FEE PD OR PERMIT ISSUED: \_\_\_\_\_ IN THE AMOUNT OF: \_\_\_\_\_

WORK WAS STARTED OR INSPECTION COMPLETED: \_\_\_\_\_

PAYEE NAME: \_\_\_\_\_

PAYEE ADDRESS: \_\_\_\_\_

AMOUNT REFUNDED: \_\_\_\_\_ TYPE OF FEE: \_\_\_\_\_

WHY WAS IT REFUNDED: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED

DISAPPROVED

\_\_\_\_\_  
BUILDING OFFICIAL