



Refund Request

Clatsop County
Building Codes Division
 800 Exchange St Ste 100
 Astoria, OR 97103
 (503) 338-3697 Fax: (503) 338-3666
buildingdivision@co.clatsop.or.us

OFFICE USE ONLY	
<input type="checkbox"/> Refund approved	Date _____

Authorized signature	
<input type="checkbox"/> Refund denied	Date _____

Authorized signature	
Refund clerk signature: _____	

INSTRUCTIONS

1. Please attach copies of pertinent applications, permits, and receipts.
2. All requests for electrical permit refunds must be accompanied by original white electrical label showing label and permit number.
3. Mail completed form to Building Codes at the above address.

CUSTOMER INFORMATION

Name of purchaser:		Phone:
Address (street or P.O. box):		
City:	State:	ZIP:
Requested by:		Date:
Reason for refund:		

PERMIT / PLAN REVIEW INFORMATION (Fill in all applicable information)

Type of payment: _____	Certification/license:
Permit or plan review:	Boiler: _____
Boiler <input type="checkbox"/> Plan review..... <input type="checkbox"/> Recreational park <input type="checkbox"/>	Electrical: _____
Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Recreational vehicle... <input type="checkbox"/>	Elevator: _____
Elevator..... <input type="checkbox"/> Structural <input type="checkbox"/> Prefab structures <input type="checkbox"/>	Inspector: _____
Mechanical... <input type="checkbox"/> Mfrd. dwelling <input type="checkbox"/> Mfrd. dwelling park ... <input type="checkbox"/>	License type: _____
	License no.: _____

PERMIT / INSPECTION INFORMATION

Was inspection made?		
Date issued:	Was plan review completed?	
Permit no.:	Label no.:	Project address:
Duplicate permit purchaser:	Name	Address:
Phone:	Duplicate permit no.:	Date:

DEPARTMENT USE ONLY

Originating office:		Name of clerk:		Phone:	
Fee paid	Correct fee	Refund amt.	PCA	Object	Validation no.
\$	\$	\$			
\$	\$	\$			
\$	\$	\$			
\$	\$	\$			
\$	\$	\$			
\$	\$	\$			
\$	\$	\$			

White copy-Office