



PLANNING & DEVELOPMENT

Land Use Planning, 1947 Center Street, 2nd Floor, Berkeley, CA 94704
Tel: 510.981.7410 TDD: 510.981.6903 Fax: 510.981.7420 Email: Planning@berkeleyca.gov

REQUEST FOR FEE ADJUSTMENT OR REFUND

Permit Number(s): _____
Project Address: _____
Name of Applicant: _____ Phone: _____
Receipt Number: _____ Amount Paid: _____

I hereby request a fee adjustment/refund of zoning fees paid on _____ for the following reason(s):

- Withdrawn
- Determined permit not needed
- Overpayment
- Change of permit type
- Other _____

NOTE: Any Application, even if withdrawn, is subject to the non-refundable Records Management fee of \$50. In addition, a request to withdraw an application is subject to a charge of \$264.50* per hour for the staff time devoted to processing the application before the written withdrawal request is submitted. This amount will be deducted from the fees submitted. The Zoning Officer has sole responsibility for determining the amount of refund based on the estimated hours expended by staff.

Submitted by: X _____ Date: _____
(signature)
Name check should be made payable to: **(PRINT)** _____
Address check should be mailed to: _____
City: _____ State: _____ Zip: _____

*Base hourly rate of \$230 plus Community Planning Fee of 34.50 (15%).

For office use only

Total number of hours worked on this project: _____ (planner must invoice this fee on the record)

Reason for adjustment:

I have reviewed the above and approve this request for fee adjustment/refund.

X _____ Date: _____
Project Planner

PRINT NAME: