TOWN OF MANCHESTER - BUILDING INSPECTION DIVISION

494 Main Street • P.O. Box 191 • Manchester, CT 06045-0191 • Phone: 860-647-3052

Permit Cancellation and Application Fee Refund Request

Please be advised that building permit(s) and any payments made thereon, are the exclusive property of the owner of record of the named property. All requests to cancel permit(s) and/or refund application fee(s), require written authorization from the owner of record. Refund requests must be submitted within sixty (60) days of permit issuance and construction must not have commenced. Each refund request shall be subject to a minimum \$50 Administrative fee, plus any plan review expenses incurred. Refunds will be processed at the discretion of the Chief Building Official or their designee.

Address for which	permit cancellation	and/or refu	ınd i	s requ	ested:				
		Has w	vork					HOE O	
Permit #	Scope of worl	commen		Requ	Refund	INTERNAL USE (Fees Assigned Plan Re		L USE O	_
		res	No	Cancer	Keluliu	paid	Insp	time	Amoun
	ecord:						_ State:	Zip:	
			E-mail:						
request any refund of fe	es be sent to: Owner	of record.	Reci	-	- •		ch are subi	mitting thi	s reque
Address:		Town:				State:Zip:			
hone:	Cell:		E-Mail:						
Signature of <u>Property O</u>	wner of record Pr	inted name of	sionat	orv		 Dat			

Permit Cancellation & Application Fee Refund Request - Internal use only -

Prop	erty Address:			Yes No					
			<u>. 1</u>						
1.	Has a permit been issued? Is								
2.	Have inspections started?								
3.	Copy of original invoice & r	eceipt for payment of permit fe	es attached						
4.	Record permit(s) as "INACTIVE" in EnerGov								
5.	. Copy to EnerGov permit File folder								
6.	Enter assigned inspector and Permit #	fees paid for each permit: <u>Assigned Inspector/FM</u>	Bldg Dept Fees Pai	d FMO Fees Paid					
		-	<u> </u>	\$					
		_	<u> </u>	\$					
				·					
			<u> </u>	\$					
	med Inspector	0 1							
7.	Provide estimated amount of ti	me for plan review:		1					
	a. Building Official:			hrs					
	b. FMO:			hrs					
	c. Health: d. Eng, W & S:			hrs hrs					
	e. Zoning:			hrs					
	Ç								
I sup	port refunding the following	amount of the paid Building	permit fee listed above	2: \$					
Chief	f / Asst Chief Building Officia	l's signature	Date						
****** I sup		g amount of the Fire Marshal							
Fire I	Marshal / Deputy Fire Marsha	l's signature	Date						
ТОТ	TOTAL TO BE REFUNDED:		\$						