

**EXHIBIT F**

**City of Sylacauga  
Code Enforcement Department  
301 N Broadway Ave, P O Box 390  
Sylacauga, AL 35150  
(256) 401-2425**

**APPLICATION FOR REFUND OF PERMIT FEES  
(ATTACH ORIGINAL RECEIPT OR COPY OF FRONT AND BACK OF CANCELLED CHECK)**

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

Applicant's name: (Please Print) \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Cell No. (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permit No. \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_ Date Issued: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

Job Location: \_\_\_\_\_

Explain reason for refund request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was any work performed: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, percentage of work performed: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_

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FOR OFFICE USE ONLY  
Departmental Report (Please Print): \_\_\_\_\_ Date of Review: \_\_\_\_\_

\_\_\_\_\_  
Code Personnel (Print) \_\_\_\_\_ Code Personnel Signature \_\_\_\_\_

Fee Paid	\$ _____
Building Permits - less 20% Administrative Fee (\$25 Maximum)	\$ _____
Utility Permits - less \$25 Issuing Fee	\$ _____
Less Plan Review Fee (Not more than 50%)	\$ _____
<b>TOTAL AMOUNT TO BE REFUNDED</b>	<b>\$ _____</b>