



Development Services Claim for Refund

COMPLETE THIS form to request refunds of Development Services fees, deposits and/or construction taxes. Submit to: Development Services, 200 E. Santa Clara St., 3rd Floor Tower, San José, CA 95113-1905.

Before completing this form (both front and back), please read the attached instructions. Please note the deadlines for presenting claims and the minimum fees charged for processing refunds (see Instructions page, sections 3 and 5). Untimely claims will be returned to the claimant. Please attach receipt for payment.

1. ORIGINAL PAYER "CLAIMANT" INFORMATION

Reference File/Permit/Plan Check
Number: _____

Name of Person Claiming Refund: _____

Claimant's Address: _____

Claimant's Mailing Address: _____

Project Address: _____

Telephone Number: _____

Check all that are applicable:

- I certify I am the original payer of record. I certify I am the property owner and "permittee" of record.

2. REFUND TYPE *(check all that are applicable)*

- All Construction Taxes In Full All Fees In Full Deposits
 Construction Taxes – Partial Refund

Please Explain: _____

Fees – Partial Refund
Please Explain: _____

3. BASIS OF CLAIM AND AMOUNT CLAIMED

State all facts and circumstances that support your claim for refund. Please attach additional information as may be necessary and supporting documentation. For convenience, you may check from among the common reasons below:

- Cancellation/Revocation/Withdrawal Overcharge Over Payment
 Exempt from Payment of Tax/Fee. Identify the applicable exemption and the application to your project: _____

Other (Please explain). _____

Total Amount Claimed Fees: \$ _____ Taxes: \$ _____ Deposits: \$ _____
(if known)

4. PAYMENT INFORMATION

All refunds will be sent to the payer listed in the "Received From" block on the receipt unless otherwise requested. If the refund check is to be sent to a person or address other than what is listed in the "Received From" block on the receipt, complete the sections below. (To be completed by "Received From" party listed on the Receipt).

By signing my name, I hereby direct the refund to be sent to the person at the address listed below.

Signature _____

Refund to be sent to:

Name _____

Address _____

City _____

State _____ Zip _____

5. SIGNATURES

Claims must be signed by original Permittee (property owner) if the project is cancelled or the scope of work authorized has been affected.

I declare under penalty of perjury that the foregoing is true and correct. I also certify that the designation below my name is true and correct or that I am the guardian, conservator, executor or administrator of such person.

Permittee (owner) Signature

Payer Signature

Print Name

Print Name

Title/Relationship: _____

Title/Relationship: _____

Date: _____

Date: _____

Check if representative and identify type

Check if representative and identify type

*****Development Services Office Use *****

Date of claim for development service fees has been made within 180 days/1 year from payment of fees.

Date of claim for a tax refund is within one year from payment of the taxes.

Claim signed by the original permittee (owner) for scope of work changes; payer may sign other requests.

Original job card attached for cancelled permit(s).

Verified no work was started.

Verified no inspection time used in the Inspection Module.

Apply to other permit/folder PERMIT/FOLDER NUMBER: _____

Estimated Staff Hours Spent on Project: _____ % of Work Completed: _____

Refund recommended, please specify amount: \$ _____ Date: _____

Completed By: _____ Date: _____

Management Approval: _____ Date: _____

Deputy Director: _____ Date: _____

Refund over \$10,000

City Attorney's Office Approval: _____ Date: _____

Tax Refund over \$25,00

**INSTRUCTIONS FOR FILING A DEVELOPMENT SERVICES REFUND CLAIM
(FEES, DEPOSITS OR CONSTRUCTION TAXES)**

Failure to complete all sections of the claim form could delay the processing of your claim and could result in the return or denial of your claim. Refund claims must be made on the attached form and must be signed by the appropriate persons.

- Claims for **refunds of Construction Taxes** must be received or postmarked **within 1 year of original payment**.
 - Claims for **Deposits and Development Service Fee refunds, except for fees collected pursuant to Title 24 of the San José Municipal Code**, must be received or postmarked **within 1 year of original payment**.
 - Claims for **Development Service Fee refunds collected pursuant to Title 24 of the San José Municipal Code (“SJMC”)**, must be received or postmarked **within 180 days of original payment**.
- 1. Claimant’s Information** — Claim must be filed by the original payer of the fee that is being requested to be refunded. The owner of the property must also sign Claim for Refund Form if the project has been cancelled or the scope of work is being affected. Complete all of the information required in this section. **ALL OFFICIAL CORRESPONDENCE WILL BE SENT TO THE BUSINESS OR PERSON LISTED AT THE “CLAIMANT’S MAILING ADDRESS”.**
 - 2. Refund Type** — Please check the appropriate box or boxes for the type of refund you are claiming. “Construction Taxes” refer to the taxes collected by the Building Official pursuant to SJMC Chapters 4.46, 4.47, 4.54 and 4.64. If you are seeking a full refund of all of the Construction Taxes and/or Development Service fees paid, please check the appropriate boxes. If you are seeking a partial refund (either a refund in full of only some of the taxes or fees paid or a portion of all of the taxes or fees paid), please check the appropriate boxes and explain.
 - 3. Basis of Claim and Amount Claimed** — Please note that the common reasons for seeking a refund are identified. If the reasons provided do not apply to your situation, please check the “Other” box and explain in detail the basis of your claim. Please attach additional sheets as may be necessary. The Development Services staff requires sufficient information and supporting documentation to understand and evaluate your claim. If you are unable to calculate the amount of your refund, you may leave the dollar amount blank and the Development Services staff will calculate the amount, if any, of your refund based on the other information provided on the Claim Form.

Construction Taxes. If you are claiming a refund of construction taxes, state in detail all facts supporting your claim that the tax was overpaid, paid more than once, or erroneously or illegally collected or received by the City of San José. Please note that construction taxes paid pursuant to SJMC Chapters 4.46, 4.47, 4.54 and 4.64 may be refunded in full if the permit for the construction work expired or was revoked and no work was performed.

Development Service Fee Refunds. If you are claiming a refund of Development Service Fees, please specify the basis of your claim. For fees paid pursuant to SJMC Title 24, please note that per SJMC Section 24.02.450, the Building Official may authorize: (1) the refund of up to 80% of the permit fees paid when no work has been done under a permit, or (2) the refund of up to 80% of the plan review fees paid when an application has been withdrawn or canceled before any plan review has started. **Fee Refunds** requested due to applicant error or cancellation are subject to a **one hour processing fee** specified in the City’s Fees and Charges Resolution. Refunds requested due to staff error will receive a full refund (100%) without deduction of any processing fee.

Deposit Refunds. If you are claiming a refund of funds deposited with the City for payment to another agency, please specify the basis of your claim. Please note that deposits cannot be refunded if the City has paid the deposit to another party.
 - 4. Payment Information** — Refunds are made to the payer of record. Please complete this section if you wish the refund to be paid to another party.
 - 5. Refund Processing Fee** — Except when a refund is due to staff error a one hour processing fee will be deducted from refundable amount.
 - 6. Signatures** — Please sign and date. Print name of signatory, and the position, title or other relationship to claimant. The claim must be signed by the claimant or the claimant’s guardian, conservator, executor or administrator. No other agent, including the claimant’s attorney, may sign a tax refund claim. The City will not accept the claim without the original signature. (A photostatic or facsimile copy will not be accepted.) If the signatory is the guardian, conservator, executor or administrator, the City may require proof of such relationship before processing any refund. The owner of the property must also sign Claim for Refund Form if the project has been cancelled or the scope of work is being affected.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (CALIFORNIA PENAL CODE SECTION 72)