FIRE OR HAZARDOUS MATERIAL SYSTEM PERMIT CLAIM FOR REFUND

Instructions for filing a refund request for Fire Alarm, Fire Suppression, or Hazardous Material System permits.

Failure to complete all applicable sections of this 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 signed by the appropriate person(s).

Claims for Fire or Hazardous Materials System permit fee refunds, collected pursuant to SJMC 17.12.100 subsection A, must be received, or postmarked within 1 year of the original payment. In the event of staff error or an extended construction period, the Fire Marshal may initiate a review outside of the 1-year period and the Fire Marshal or designee may issue a refund based on overpayment from a clerical error, system error, or arithmetic miscalculation.

1. **Claimants Information:** A claim form must be filed by the original payer of the fee, that is being requested to be refunded. Complete all the information required in each section. ALL OFFICIAL CORRESPONDENCE WILL BE SENT TO THE PERSON OR BUSINESS 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 and explain the reason for the claim. If you are seeking a full refund, please check the appropriate box. If you are seeking a partial refund (for a portion of the fees paid, for example, contract canceled so permit not issued, or permit issued but no inspections were scheduled), please check the appropriate box and provide an explanation.
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 Fire 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 Fire Staff will calculate the amount, if any, of your refund based on the other information provided on the Claim form.
4. **Fire Alarm, Fire Suppression or Hazardous Material System Permit Refunds:** If you are claiming a refund, for fees paid pursuant to SJMC 17.12.100, please note that the Fire Marshal may authorize: (1) the refund of up to 80% of the permit fees paid when no works have been done under a permit; or (2) the refund of 80% of 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 1-hour processing fee as specified in the City's Fire Fees and Charges Resolution. Refunds requested due to staff error will receive a full refund without deduction of any processing.

200 E. Santa Clara St., San José, CA 95113, Tower 2nd Floor • Phone: 408-535-7750 • www.sanjoseca.gov/FirePermits

A. Staff Error: This section should be completed by City staff and explain the clerical, system error or miscalculation. If the staff error is claimed by the Payer, please use the Other section on page 1.

5. **Payment Information:** All refund checks will be sent directly to the Payer listed in the "Received From" block on the receipt.
6. **Signatures:** Please sign and date the form. Print the name of the signatory, and the position title or other relationship to the claimant must be completed. Except for staff refunds, the claim must be signed by the claimant or the claimant's guardian, conservator, executor or administrator (whereby the City may require proof of such relationship before processing any refund). No other agent including the claimant's attorney, may sign a refund. The City will not accept the claim without the Payer's signature.
7. **Refund Processing Fee:** A 1-hour processing fee may be deducted from the refundable amount. Refunds due to staff error will receive the refund amount without the deduction of any processing fee.

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

Complete this form to request refunds for Fire Alarm, Fire Suppression or Hazardous Material System permits and include the original receipt for payment.

Submit to: Bureau of Fire Prevention, City of San José, 200 E. Santa Clara St, 2nd Floor Tower, San José CA, 95113, or email the completed form to SJFDPermitSpecialist@sanjoseca.gov.

Before completing this form, please read all the instructions (pages 1-2). Also, please note the deadlines for presenting claims and the minimum fees charged for processing refunds. Untimely claims will be returned to the claimant.

1. **ORIGINAL PAYER "CLAIMANT" INFORMATION.** **Refunds are sent to the Original Payer **

Reference File/Permit File Number: _____

Project Address: _____

Person Claiming Refund (required to be the original payer):

Claimant's Business Name and Business Address:

Claimant's Mailing Address:

Claimant's Telephone Number: _____ **Email:** _____

2. **Refund Type (check all that apply):** All Fees In Full ☐ Partial Refund ☐

   Please explain: _____

3. **Basis of Claim:** Cancellation/Revocation/Withdrawal ☐ Overpayment ☐ Other: _____

   STAFF ERROR (TO BE COMPLETED BY STAFF):

   _____

   Total Amount Claimed (if known): Fees: $ _____

4. **Payment Information:** All refunds will be sent to the payer listed in the "received From" block on the receipt.

5. **Signatures:** Claims must be signed by the original Payer/Permittee.

I declare under penalty of perjury that I have read the instructions and certify that the foregoing information 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.

Original Payment Date: _____ **Print Name:** _____

Original Payer Signature: _____ **Date:** _____

For Companies and Organizations please provide proof of affiliation.

******************Fire Finance Office Use******************

Refund recommended amount: $ _____ Completed by: _____ Date: _____

Division Manager Approval: _____ Date: _____

Deputy Fire Chief: _____ Date: _____
(Refund over $10,000)