



APPLICATION FOR REFUND OF SCHOOL DEVELOPER FEES

Due to Expiration of Building Permit Without Commencement of Construction
or for Other Documented Reason

Property Owner's Name as it Appears on Permit: _____

Name of Payee (if different from owner): _____

Project Address: _____

Parcel Number: _____ Permit Number: _____

I hereby request refund of fees paid to Paramount Unified School District for the project indicated above. The following required information and/or documents are provided or attached as evidence to support my request:

- Plan change**
- Abandoning project and/or expired permit** (*Documentation attached. Verification of permit expiration and/or abandonment of project and proof that no construction was carried out under that permit from city/county planning agency. For application under Education Code §17624 only.*)
- Project exempt** (*Application/Certification of Exemption attached. Not applicable for applications under Education Code § 17624.*)
- Fee charged was incorrect** (explain): _____

- Other** (explain): _____

Date fee was paid to PUSD:	
Amount paid to PUSD with Check #: _____	\$ _____
Square footage of project (as indicated on permit):	
Certificate of Compliance # (a copy of certificate must be attached):	

- I understand that a refund will not be issued until the amount of fees received by PUSD has been verified.
- I understand that refunds are only given for projects that have been expired, canceled, or changed within 90 calendar days from the date the information was changed by the City of Paramount (Education Code § 17624 and Government Code § 66020 (d)(1)).
- I understand that the refund will be made payable to the person/entity who originally paid the fees.
- I further understand that any administrative costs (3%) incurred by PUSD to process the original payment will be deducted from any refund, as will any costs incurred by PUSD in making any refund under Education Code § 17624.



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- I certify under penalty of perjury that the information provided above and attached to this document is true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Email: _____

- Mail refund check to:

Mailing Address: _____

City: _____ State: _____ Zip: _____

A reprocessing fee of \$10 will be deducted from any refund if the check is returned and/or has to be reissued.

<<<< DISTRICT OFFICE USE ONLY >>>>

_____ sq ft X \$ _____ per sq ft	\$ _____
Administrative portion of fee not refunded (3%)	\$ _____
Total portion to be refunded by PUSD	\$ _____
Approved by:	Date: