



FIRST CLASS CITY
FIRST CLASS SERVICE

CITY OF ROCHESTER
BUILDING SAFETY DEPARTMENT
PLAN REVIEW & PERMIT SERVICES DIVISION
 4001 West River Parkway NW Ste. 100 Rochester, MN 55901
 Phone: 507-328-2600 Fax: 507-328-2601
 Office Hours: Monday – Friday 8 am – 5 pm
buildingsafety@rochestermn.gov
www.rochestermn.gov/BuildingSafety

| Request for Refund of Permit Fees or Request to Void a Permit | | | |
|--|---|-------------------------|-----------------------------|
| Permit Number | | Date of Issuance | |
| Work Site Address | | | |
| | <i>Bldg/House #</i> | <i>Street</i> | <i>Zip Code</i> |
| Need to: <input type="checkbox"/> Refund <input type="checkbox"/> Void <input type="checkbox"/> Refund and Void | | | |
| <input type="checkbox"/> | Incorrect amount of fees collected (refund) | | |
| <input type="checkbox"/> | Work will not be done or completed by the applicant/contractor (refund) | | |
| <input type="checkbox"/> | Need to void permit only (no refund) | | |
| <input type="checkbox"/> | Other (explain): | | |
| | | | |
| Contact Information | | | |
| Applicant Name: | | | |
| Company Name: | | | |
| Address: | | | |
| | <i>Bldg/House #</i> | <i>Street</i> | <i>City</i> <i>Zip Code</i> |
| Phone: | | Email: | |
| | | | |
| <i>Signature of original permit applicant</i> | | | <i>Date</i> |
| Ordinance Information | | | |
| <ul style="list-style-type: none"> • Rochester City Ordinance Chapter 4-1-4(f) states the Building Official must authorize refunding of any fee that was erroneously paid or collected, or if none of the work authorized by the permit has been performed. • The Building Official may not authorize refunding of any permit fee paid except upon written application filed by the original permittee not later than 180 days after the date of permit issuance. • Plan review fees, IRC footing permit fees and application fees will not be refunded. • The \$25.00 application fee is nonrefundable. • Voiding a permit is the same as cancelling a permit. | | | |
| OFFICE USE ONLY | | | |
| <i>Building Official Approval signature</i> | | | <i>Date</i> |
| Date of Refund issued and initials | | | |
| Date of Permit status Voided and initials | | | |