



Once complete – Email this form to the [L&I Office](#) nearest the city where the work was going to take place

1. Only purchasers may request refunds. We deduct a refund processing fee for all permit types.
2. Fees paid by credit card in the last 6 months must be refunded to the cardholder's account.
3. Fees paid by check are eligible for a refund 30 days after deposit.
4. We will mail refund checks or credit accounts in 3 to 4 weeks, delays are possible if request volume is high.

Learn how to reduce refunds: Use this sales tax tool to determine if your project is in a [City Inspection Jurisdiction](#).

Type of Permit Electrical Elevator Factory Assembled Structures

Credit my CD Account Yes No (not an option for fees paid by credit or debit card)

Contractor's License Number: _____

Date of Request:	Amount of Refund Requested: \$	Permit/Conveyance Number:
Request Payable To:		Phone Number:
Address:	City:	State: Zip Code:
Email Address:	Name of city where work was going to take place:	

Reason for Refund: If duplicate permit, please provide both permit numbers below.

Has the work started? Yes No
If yes, please describe how much work has been done.

Printed Name of Applicant

Signature of Applicant

This section will be completed by L&I

Payment Date:	Check Number:	Transaction Number:
G.L. Codes:	<i>Electrical Only: Number of Req.</i>	<i>Electrical Only: Number of Inspection</i>
<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> CD Account <input type="checkbox"/> ACH		
L&I Inspector/Employee Name:		
<input type="checkbox"/> Full Approved <input type="checkbox"/> Partial Approved <input type="checkbox"/> Request Denied <input type="checkbox"/> Refund Amount Approved: \$		
Additional Notes:		

L&I Inspector/Employee Signature

Title

Date

Supervisor/Program Representative Signature

Title

Date

SCS Fiscal Tech Signature

Title

Date