



Construction Deposit Refund Application

Date _____

Parcel Number _____

Name of Owner and Location of Completed Building

Name _____

Address _____

Phone _____

Email _____

Individual Requesting Refund

Refund To: Name _____

Address _____

Phone _____

Email _____

Signature

Date

Engineering Department Approval

Engineer Signature _____

Date of Signature _____

Comments _____

Check # _____ **Date** _____ **Dollar Amount** _____