



**Town of Loxahatchee Groves**

155 F Road Loxahatchee Groves, FL 3347

Phone: 561.807.6675 Fax: 561.793.2420

[www.loxahatcheegrovesfl.gov](http://www.loxahatcheegrovesfl.gov)

**BUILDING DEPARTMENT POLICY & PROCEDURE Document #01-24**

**FROM:** Building Official, Jacek Tomasik

**EFFECTIVE DATE:** August 2, 2024

**PROCEDURE:** Building Permit and Plan Review Fee Refunds

**PROCEDURE**

1. The contractor or property owner must submit a permit termination request via email.
2. The "No Work Done" inspection must be approved before processing the request.
3. Refund requests must be submitted with proof of payment
4. Refund can be processed up to 1 year from the permit application date

**POLICY**

Refunds should be processed and issued in accordance with Town Administrative Purchasing Policy & Procedures.

Building Permit and Plan Review Fee refunds shall be issued as follows:

1. **Before any plan review** – refund 100% of the Plan Review Fee and 50% of the Building Permit Fee. Regardless of the amount of the Permit Fee, the Town shall retain no more than \$3,000.00.
2. **After any plan review but before issuance of the permit** - refund 50% of the Building Permit Fee only. Regardless of the amount of the Permit Fee, the Town shall retain no more than \$3,000
3. **After permit issuance and before the commencement of construction** - refund 50% of the Building Permit fee only. Regardless of the amount of the Permit Fee, the Town shall retain no more than \$5,000



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**REFUND REQUEST FORM**

**All refund requests are to be submitted with proof of payment.**

**Refunds are processed up to 1 year from the Permit Application Date**

PERMIT NUMBER: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

APPLICANT TELEPHONE NUMBER: \_\_\_\_\_

REASON FOR REFUND: \_\_\_\_\_

\_\_\_\_\_

LIST SUB PERMITS RELATED TO THIS PERMIT (IF ANY): \_\_\_\_\_

\_\_\_\_\_  
APPLICANT'S SIGNATURE & DATE

\_\_\_\_\_  
PRINT APPLICANT'S NAME

\_\_\_\_\_

**OFFICE USE ONLY**

DATE FEE PD OR PERMIT ISSUED: \_\_\_\_\_ IN THE AMOUNT OF: \_\_\_\_\_

WORK WAS STARTED OR INSPECTION COMPLETED: \_\_\_\_\_

PAYEE NAME: \_\_\_\_\_

PAYEE ADDRESS: \_\_\_\_\_

AMOUNT REFUNDED: \_\_\_\_\_ TYPE OF FEE: \_\_\_\_\_

WHY WAS IT REFUNDED: \_\_\_\_\_

DATE: \_\_\_\_\_

☐ APPROVED

☐ DISAPPROVED

\_\_\_\_\_  
BUILDING OFFICIAL