



Town of Loxahatchee Groves
155 F Road
Loxahatchee Groves, FL 33470
Phone: 561.807.6675 Fax: 561.793.2420
www.loxahatcheegrovesfl.gov

REFUND REQUEST FORM

**All refund requests to be submitted with proof of payment
Refunds only available up to 1 year from 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