



## *City of Miami Gardens*

Development Services - Building Division  
18605 NW 27th Avenue, City Hall, 1st Floor  
Miami Gardens, FL 33056  
305-622-8027 (Office) 305-626-4220 (Fax)  
[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

# Permit Refund Request Instructions

### **Package include the following:**

- ◆ **This instruction sheet;**
- ◆ **Refund Request Form.**

### **Refund Request General Information:**

Please be aware that refunds **WILL NOT** be granted on requests involving:

- ◆ Permit fee of \$ 100.00 or less;
- ◆ Permits that have expired;
- ◆ Permits under which work has commenced;
- ◆ Conditional Permits;
- ◆ Permits revoked by the Building Official or cancelled by court order;
- ◆ When there is a change of contractor.

### **Refunds Where Permits will not be used:**

A full refund less the upfront fee of the permit fee, less the Miami Dade County Code Compliance fee and less the State of Florida Surcharge, shall be granted to the permit holder providing that:

- ◆ The department received a written request from the permit holder requesting cancellation and refund (Must include all documentation required for permit cancellation outlined above);
- ◆ The permit holder submits the request, the original validated copy of the permit card. If the validated copy of the permit is not available, the permit holder must complete the attached affidavit and submit it with a copy of the cleared and cancelled check;
- ◆ No work has been performed under the permit;
- ◆ The Permit is valid;
- ◆ The permit has not been revoked;
- ◆ • The cost of the permit exceeds \$100.00.

### **Refund for Overcharge:**

For refunds of an overcharge of permit fees, the following must be submitted:

- ◆ Letter from the permit holder requesting a refund explaining the overcharge;
- ◆ Copy of the validated permit card;
- ◆ This permit is still valid;
- ◆ • The permit has not been revoked.



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## PERMIT REFUND REQUEST

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Reference:** Contractor Name: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Jobsite Address: \_\_\_\_\_  
Cancellation Reason: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Refund Amount: \$ \_\_\_\_\_

Please be advised that the above referenced information is to request a permit refund. I understand that the **UPFRONT FEE**, the **Miami-Dade CODE COMPLIANCE FEE** and the **STATE OF FLORIDA RADON FEE** are non-refundable as indicated in the City of Miami Gardens Fee Schedule. I also understand that the refund must be more than \$ 100.00. Attached you will find a copy of the cleared and cancelled check(s) submitted as payment for the permit or credit card receipt.

Should you need further information, please contact the above referenced contact at the phone number indicated.

Sincerely;

\_\_\_\_\_  
**Signature of Applicant**

### Applicant Signature Notary

State of Florida, County of Miami -Dade  
Sworn and subscribed to me this:

\_\_\_\_\_  
**Month Day Year**

Personally Known or Identification:

\_\_\_\_\_  
**(Type of ID and expiration date)**

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Notary Public

Notary Public Stamp: