

Development Application Refund Request Form

<input type="checkbox"/> Zoning By-Law Amendment	<input type="checkbox"/> Official Plan Amendment and Zoning By-Law Amendment	<input type="checkbox"/> Site Plan Application	<input type="checkbox"/> Other: _____
File #: _____	File #: _____	File #: _____	File #: _____
Refund Percentage: _____	Refund Percentage: _____	Refund Percentage: _____	Refund Percentage: _____
Refund Amount: \$ _____	Refund Amount: \$ _____	Refund Amount: \$ _____	Refund Amount: \$ _____

1. APPLICANT AND OWNER INFORMATION:

Applicant Name: _____ Address: _____ City/Province: _____ Postal Code: _____ Owner Name(s): _____ <i>(If different from Applicant information above.)</i> Address: _____ City/Province: _____ Postal Code: _____	Title: _____ Company: _____ Telephone: _____ Email: _____ Telephone: _____ Email: _____
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2. APPLICATION INFORMATION:

Municipal Address: _____ Ward #: _____

Legal Description: _____ Assessment Roll Number: _____

Date Application Fees Paid: _____ Date Notice of Received Memo Issued: _____ Application Status: _____ Assigned Planner: _____

Public Meeting Date (if applicable): _____ Date of Decision: _____

3. REFUND FORMAT: How would you like to receive your refunds?

Note: Payee name must match the name that made the initial payment at the time of application submission.

<input type="checkbox"/> Cheque Name of the Payee: _____ Address: _____ City/Province: _____ Postal Code: _____ Telephone: _____ Email: _____	<input type="checkbox"/> Electronic Funds Transfer (EFT) Name of the Account Holder: _____ Financial Institution: _____ Institution #: _____ Account #: _____ Branch #: _____ Address: _____ City/Province: _____ Postal Code: _____ Telephone: _____ Email: _____
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4. AUTHORIZATION AND DECLARATION:

I, _____, solemnly affirm and declare that I (we) am (are) the lawful individual(s) responsible for the payment made towards the fees associated with the application referred to herein. I (we) hereby make a formal request for a refund based on the legitimate grounds as stated.

In accordance with the present declaration, I (we) hereby grant authorization to the City of Brampton to proceed with the required steps for the refund process and to initiate the necessary steps to issue a refund using the payment method specified on this form.

I (we), undersigned, further declare that all the information furnished in this refund request form is accurate and truthful to the best of my (our) knowledge. I (we) acknowledge the implications of providing falsified information, which could result in the disapproval of my refund application.

Applicant Signature(s): _____

Dated: _____

Owner Signature(s): _____

Dated: _____

For any inquiries regarding the refund request or the status of your application, please contact your assigned planner.

Note: Please allow 4 weeks for the refund request to be processed. You will be notified of the outcome via email or phone.