



City of Birchwood Village ESCROW REFUND REQUEST

207 Birchwood Ave, Birchwood, MN 55110 Phone: 651-426-3403 Fax: 651-426-7747 Email: info@cityofbirchwood.com

Date Received _____
Date Approved _____

Instructions: Please fill out this form to request a building permit escrow release. Fill out one form for each address being requested.

ESCROW REFUND REQUEST

PRINT OR TYPE APPLICATION

PERMIT # _____ FINAL DATE: _____ ESCROW AMOUNT _____

PROJECT SITE STREET ADDRESS: _____

PROJECT JOB ESCROW WAS FOR: _____

NEW HOMES ONLY

AS BUILT SUBMITTED TO CITY Yes No

*FINAL CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL ALL REQUIRED SIGNATURES HAVE SIGNED OFF AND ALL FEES HAVE BEEN PAID

PERMIT HOLDER REQUESTING REFUND: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PERSON: _____

SIGNATURE OF APPLICANT: _____

CONTACT EMAIL: _____ CONTACT PHONE: _____

OFFICE USE:

ADDITIONAL INFORMATION/APPROVALS

ENGINEERING DEPT Yes No COMMENTS: _____

Signature _____ Date Approved _____

PLANNING DEPT Yes No COMMENTS _____

Signature _____ Date Approved _____

BUILDING DEPT : Yes No COMMENTS _____

Signature _____ Date Approved _____

REIMBURSEMENT AMOUNT PAID _____ CHECK # _____