



# COUNTY DISASTER RECOVERY PERMIT - REBUILD PROJECT FEE WAIVER / REFUND REQUEST

Please fill out this form to request a waiver or refund of your rebuild project permit and inspection fees in accordance with the eligibility requirements in the June 17, 2025 County Board of Supervisors motion. Email the completed form to [recovery@planning.lacounty.gov](mailto:recovery@planning.lacounty.gov).

**PROPERTY ADDRESS:** \_\_\_\_\_

## ATTESTATION:

1. I / We attest that I / We owned and lived in a residence on the subject property on or before January 7, 2025.
2. I / We have information to demonstrate that I / We lived in that residence, such as a driver's license or other government-issued identification card, a property tax bill, a utility bill, or a similar document.
3. I / We understand that this attestation may be subject to verification and hereby attest that this information is true.
4. I / We understand that any false or fraudulent submission will require payment or repayment of the rebuild project permit and inspection fees and subject me to administrative, civil, and/or criminal liability, as well as any other penalties as allowed by law.

## REQUIRED SIGNATURE(S):

I / We, the owner(s) of the subject property, have read, understand, and acknowledge the above, and consent to the submission of this rebuild project permit and inspection fee waiver or refund request.

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE (REQUIRED)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

If necessary, add additional signature pages

### For Staff Use

Assessor Parcel Numbers:

Permit No(s).:



<https://recovery.lacounty.gov/>



[recovery@planning.lacounty.gov](mailto:recovery@planning.lacounty.gov)



(213) 974-6411

