

Instructions for Cranes & Derricks Refund Request Application

General Instructions

Provide proof of overpayment for up to four (4) years.

Section

Instructions

I. Payee Information

Enter the applicant's name. If the applicant is a partnership or corporation, enter full name of the entity. Enter the mailing address, Phone, Fax, and Cell Phone information.

Note: Correspondence and refund checks will be mailed to this address.

II. Reason For Refund

With YEAR 1 being the most recent year:

Check **only one box** to indicate your reason for applying for the refund **for that year**. If your reason is not listed, then check **Other** and include a brief comment.

III. Application Information

Check the Application type for which the payment was made (**CD** = Certificate of Operation; **CN** = Certificate of On-Site Inspection). Enter the Application number assigned to the Certificate.

IV. Payment Information

Provide payment information for up to four (4) years with YEAR 1 being the most recent year.

Enter the invoice number of your payment receipt.

Enter the date the payment was made (mm/dd/yyyy).

Enter the Payment type (**Check, Cash, Money Order, or Credit Card**).

Note: If the payment upon which your claim is based was made by check, attach photocopies of the front and back of your cancelled check. If payment was made by cash, the original receipt must be attached. If payment was made by money order, the original receipt must be attached. If payment was made by credit card, copies of the receipt must be attached together with a copy of your credit card receipt

V. Refund Calculation

With YR 1 being the most recent year, calculate your total refund for each year of overpayment separately.

Amount Paid = THE AMOUNT ACTUALLY PAID.

Correct Fee = THE AMOUNT THAT SHOULD BE PAID.

Total Refund = APPROXIMATE AMOUNT OVERPAID.

Grand Total = YOUR TOTAL REFUND CLAIMED.

Note: After review by the Department, the correct amount will be calculated and refunded.

VI. Certification

All requests for a refund must be signed and dated. Unsigned applications will be returned.

Mail Application To:

**New York City Department of Buildings
Cranes and Derricks Division
280 Broadway, 5th Floor
New York, NY 10007**

NOTE

Each year will be reviewed separately.

Information submitted must be labeled and must refer to the year in which the overpayment was made.

Example: Year 1 Refund must include only the information supporting your Year 1 request.

Year 2 Refund must include only the information supporting your Year 2 request.

Omission of required information will result in the rejection of your application.