



# Development Services Claim for Refund

**COMPLETE THIS** form to request refunds of Development Services fees, deposits and/or construction taxes. Submit to: Development Services, 200 E. Santa Clara St., 3rd Floor Tower, San José, CA 95113-1905.

*Before completing this form (both front and back), please read the attached instructions. Please note the deadlines for presenting claims and the minimum fees charged for processing refunds (see Instructions page, sections 3 and 5). Untimely claims will be returned to the claimant. *Please attach receipt for payment.**

## 1. ORIGINAL PAYER "CLAIMANT" INFORMATION

**\*ALL REFUNDS ARE SENT TO ORIGINAL PAYER**

Reference File/Permit/Plan Check

Number: ST25-003

Name of Person Claiming Refund: Joshua Melander/Little Italy San Jose Foundation ☒ I certify I am the original payer of record

Claimant's Address: 483 Northwood Drive, South San Francisco, CA 94080

Claimant's Mailing Address: Same as address above

Project Address: W. St. John Street

Telephone Number: 408-394-2893 Email: joshua@littleitalysj.com

Check all that are applicable:

## 2. REFUND TYPE (check all that are applicable)

☐ All Construction Taxes In Full

☒ All Fees In Full

☐ Deposits

☐ Construction Taxes – Partial Refund

☐ Fees – Partial Refund

☒ Staff Initiated

Please Explain: \_\_\_\_\_

Please Explain: Change of applicant per City Council direction.

## 3. BASIS OF CLAIM AND AMOUNT CLAIMED

☐ Cancellation/Revocation/Withdrawal

☐ Over Payment

☐ Exempt from Payment of Tax/Fee. Identify the applicable exemption and the application to your project: \_\_\_\_\_

☒ Other (Please explain). Change of applicant per City Council direction.

Total Amount Claimed  
(if known)

Fees: \$ 6585.00

Taxes: \$ \_\_\_\_\_

Deposits: \$ \_\_\_\_\_

☐ **STAFF ERROR (TO BE COMPLETED BY STAFF).** \_\_\_\_\_  
\_\_\_\_\_

**4. PAYMENT INFORMATION**

All refunds will be sent to the payer listed in the "Received From" block on the receipt.

**5. SIGNATURES**

Claims must be signed by original Permittee (**Property Owner**) if the project is cancelled or the scope of work authorized has been affected.

I declare under penalty of perjury that the foregoing is true and correct. I also certify that the designation below my name is true and correct or that I am the guardian, conservator, executor or administrator of such person.

**Permittee (Property Owner)**

**Original Payer**

\_\_\_\_\_  
Permittee (Property Owner) Signature

\_\_\_\_\_  
Original Payer Signature (as shown on receipt)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title/Relationship:

\_\_\_\_\_  
Title/Relationship:

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

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

☐ For companies and organizations please provide proof of affiliation.

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**\*\*\*\*\*Development Services Office Use**

**\*\*\*\*\*Refund recommended, please specify amount: \$6,585.00 Date: 8/15/25**

Completed By: Kora McNaughton Date: 8/15/25

Division Manager Approval:  Date: Aug 15, 2025

Deputy Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Refund over \$10,000

City Attorney's Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Tax Refund over \$25,000

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Tax Refund over \$25,000 - \$50,000

City Manager's Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
Tax Refund over \$50,001 - \$500,000



**Receipt: 1823426**      **Inspection Area:**  
**For: 2025-093416-SUB Minor Street Renaming**  
**Project Location: 323 W ST JOHN ST**  
**Project Name: ST25-003**  
**Reference File No: ST25-003**

**Date Generated: February 18, 2025**

<b>Received From:</b> LITTLE ITALY SAN JOSE FOUNDATION (JOSHUA DEVINCENZI MELANDER) 483 NORTHWOOD DR SOUTH SAN FRANCISCO , California 94080	<b>Property Owner:</b> LITTLE ITALY SAN JOSE FOUNDATION 438 NORTHWOOD DR SOUTH SAN FRANCISCO , California 94080	<b>Received By:</b> Brianna Mora Mendoza 200 East Santa Clara Street San Jose, CA 95113 (408) 535-3555
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**Permit # 25 093416 000 00 SUB (323 WEST ST JOHN ST) Bill #: 2270236**

**Service Fees**

PL - Citywide Planning Fee - Planning.....	583.00
PL - Newspaper Noticing Pass-Through Fee.....	55.00
PL - Public Noticing.....	1,075.00
PL - Street Renaming, Minor.....	4,872.00
<i>Service Fees Subtotal.....</i>	<b>6,585.00</b>

**Total paid on: February 18, 2025** **6,585.00**

Paid by Check 6,585.00

Ck#1684 INOVAH system posted by  
BMORAMEN

**Total Fee Paid - February 18, 2025** **6,585.00**

**Track your project progress online**

You can access our SJ Permits online permitting system at [www.sjpermits.org](http://www.sjpermits.org). You can see the status of the review of your project by the City staff. You can also see a chart view of your permits progress showing what items are with the city and what is with the project design team.

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**RE: ST25-003 Refund Worksheet**

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**From** McNaughton, Kora <Kora.McNaughton@sanjoseca.gov>

**Date** Tue 8/19/2025 9:20 AM

**To** PlanningRefund <PlanningRefund@sanjoseca.gov>

 1 attachment (271 KB)

Refund Request Form - signed.pdf;

Hello,

The signed refund form is attached. Please let me know if you have any questions about it.

Thanks,  
Kora

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**From:** PlanningRefund <PlanningRefund@sanjoseca.gov>

**Sent:** Friday, August 15, 2025 2:32 PM

**To:** McNaughton, Kora <Kora.McNaughton@sanjoseca.gov>

**Subject:** Re: ST25-003 Refund Worksheet

Hi Kora,

Please review attached preliminary refund calculation worksheet. If everything looks good, please have the refund form signed/completed and email to us for processing

Thank you,

**Anh Tran**

Administrative Services Division

Department of Planning, Building and Code Enforcement

200 E. Santa Clara Street, 3rd Floor | San Jose, CA 95113

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**From:** McNaughton, Kora <[Kora.McNaughton@sanjoseca.gov](mailto:Kora.McNaughton@sanjoseca.gov)>

**Sent:** Friday, August 15, 2025 1:48 PM

**To:** PlanningRefund <[PlanningRefund@sanjoseca.gov](mailto:PlanningRefund@sanjoseca.gov)>

**Subject:** ST25-003 Refund Worksheet

Hello,

I would like to request a preliminary refund calculation worksheet for File No. ST25-003. The applicant for this application is changing from the Little Italy San Jose Foundation to the San Jose Sharks per City Council direction, so the refund will be for 100% of the amount paid.

Please let me know if you have any questions about this matter.

Thanks,

**Kora McNaughton**

Planner III | Planning Division | PBCE

[kora.mcnaughton@sanjoseca.gov](mailto:kora.mcnaughton@sanjoseca.gov) | Phone: (408) 535-7804

City of San José | 200 East Santa Clara Street, 3rd floor

San José, CA 95113

For More Information Please Visit: <http://www.sanjoseca.gov/planning>

	Refund Calculation	ST25-003								
Fee Code	Fee Type	Vis Code	Amount Paid	Refund Percentage	Refundable Amount by %	Non Refundable Amount by %	One-Time Flat Processing Fee	Record Retention Non-Refundable	Total Amount Non Refundable	Refundable Amount
1210	PL - Public Noticing	238-58-000010-7405	\$1,075.00	100%	\$1,075.00					\$1,075.00
1217	PL - Newspaper Noticing Pass-Through	238-58-000010-7405	\$55.00	100%	\$55.00					\$55.00
1255	PL - Street Renaming, Minor	238-58-000010-7027	\$4,872.00	100%	\$4,872.00					\$4,872.00
2002	PL - Citywide Planning Fee - Planning	239-58-000000-7007	\$583.00	100%	\$583.00					\$583.00
		<b>Total</b>	<b>\$6,585.00</b>		<b>\$6,585.00</b>					
									<b>Total Refund</b>	<b>\$6,585.00</b>
	<b>Check info:</b>									
	<b>Little Italy San Jose Foundation</b>									
	<b>Attn: Joshua Devincenzi Melander</b>									
	<b>483 Northwood Dr</b>									
	<b>South San Francisco, CA 94080</b>									
	<b>Letter Contact Name:</b>									
	Fiscal Unit									

COMPLETED BY: Anh Tran

Date: 8/15/2025

APPROVED: John Tu

Date: 8/15/2025

PROCESSED BY: \_\_\_\_\_

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