



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: 25-105887

Name of Person Claiming Refund: HSRE-PMB San Jose, LLC ☒ I certify I am the original payer of record

Claimant's Address: 329 South Highway 101, Suite 160 Solana Beach, CA 92075

Claimant's Mailing Address: 329 South Highway 101, Suite 160 Solana Beach, CA 92075

Project Address: 1410 S Bascom Ave, San Jose, CA 95128

Telephone Number: (858) 794-1900 Email: ben@pmbllc.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: See Below

Please Explain: See Below

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: This project is exempt from B&S and CRMP taxes based on 4.46.030A and 4.47.080A. Before the B&S taxes could be removed

☐ Other (Please explain). from the invoice, it was paid to allow the project to start construction.

Total Amount Claimed
(if known)

Fees: \$

Taxes: \$ 1,069,600

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)



Permittee (Property Owner) Signature

Ben Ryan

Print Name

Title/Relationship: **CFO, Managing Partner**

Date: **10/14/2025**

☐ For companies and organizations please provide proof of affiliation.

Original Payer



Original Payer Signature (as shown on receipt)

Ben Ryan

Print Name

Title/Relationship: **CFO, Managing Partner**

Date: **10/14/2025**

☐ For companies and organizations please provide proof of affiliation.

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

Refund recommended, please specify amount: \$ _____ Date: _____

Completed By: _____ Date: _____

Division Manager Approval: _____ Date: _____

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

Revised 12-5-17

**INSTRUCTIONS FOR FILING A DEVELOPMENT SERVICES REFUND CLAIM
(FEES, DEPOSITS OR CONSTRUCTION TAXES)**

Failure to complete all sections of the claim form could delay the processing of your claim and could result in the return or denial of your claim. Refund claims must be made on the attached form and must be signed by the appropriate persons.

- Claims for **refunds of Construction Taxes** must be received or postmarked **within 1 year of original payment**. Claims for **Deposits and Development Service Fee refunds, except for fees collected pursuant to Title 24 of the San José Municipal Code**, must be received or postmarked **within 1 year of original payment**.
 - Claims for **Development Service Fee refunds collected pursuant to Title 24 of the San José Municipal Code (“SJMC”)**, must be received or postmarked **within 1 year of original payment**. In the event of staff error the Building Official may initiate a review outside of the 1 year period and the Building Official or designee may issue a refund based on overpayments from a clerical error, system error or arithmetic miscalculation per SJMC Title 24.02.450, Subsection A.
1. **Claimant’s Information** — Claim must be filed by the original payer of the fee that is being requested to be refunded. The owner of the property must also sign Claim for Refund Form if the project has been cancelled or the scope of work is being affected. Complete all of the information required in this section. ALL OFFICIAL CORRESPONDENCE WILL BE SENT TO THE BUSINESS OR PERSON LISTED AT THE “CLAIMANT’S MAILING ADDRESS”.
 2. **Refund Type** — Please check the appropriate box or boxes for the type of refund you are claiming and explain reason for the claim. “Construction Taxes” refer to the taxes collected by the Building Official pursuant to SJMC Chapters 4.46, 4.47, 4.54 and 4.64. If you are seeking a full refund of all of the Construction Taxes and/or Development Service fees paid, please check the appropriate boxes. If you are seeking a partial refund (either a refund in full of only some of the taxes or fees paid or a portion of all of the taxes or fees paid), please check the appropriate boxes and explain.
 3. **Basis of Claim and Amount Claimed** — Please note that the common reasons for seeking a refund are identified. If the reasons provided do not apply to your situation, please check the “Other” box and explain in detail the basis of your claim. Please attach additional sheets as may be necessary. The Development Services staff requires sufficient information and supporting documentation to understand and evaluate your claim. If you are unable to calculate the amount of your refund, you may leave the dollar amount blank and the Development Services staff will calculate the amount, if any, of your refund based on the other information provided on the Claim Form.

Construction Taxes. If you are claiming a refund of construction taxes, state in detail all facts supporting your claim that the tax was overpaid, paid more than once, or erroneously or illegally collected or received by the City of San José. Please note that construction taxes paid pursuant to SJMC Chapters 4.46, 4.47, 4.54 and 4.64 may be refunded in full if the permit for the construction work expired or was revoked and no work was performed.

Development Service Fee Refunds. If you are claiming a refund of Development Service Fees, please specify the basis of your claim. For fees paid pursuant to SJMC Title 24, please note that per SJMC Section 24.02.450, the Building Official may authorize: (1) the refund of up to 80% of the permit fees paid when no work has been done under a permit, or (2) the refund of up to 80% of the plan review fees paid when an application has been withdrawn or canceled before any plan review has started. **Fee Refunds** requested due to applicant error or cancellation are subject to a **1 hour processing fee** specified in the City’s Fees and Charges Resolution. Refunds requested due to staff error will receive a full refund (100%) without deduction of any processing fee.

Deposit Refunds. If you are claiming a refund of funds deposited with the City for payment to another agency, please specify the basis of your claim. Please note that deposits cannot be refunded if the City has paid the deposit to another party.

**INSTRUCTIONS FOR FILING A DEVELOPMENT SERVICES REFUND CLAIM
(FEES, DEPOSITS OR CONSTRUCTION TAXES)**

Staff Error. This section should be completed by City staff and explain the system error or miscalculation. If staff error is claimed by payer please use “other” section on page one.

- 4. Payment Information** — All refunds will be sent to the payer listed in the “Received From” block on the receipt.
- 5. Signatures** — Please sign and date. Print name of signatory, and the position, title or other relationship to claimant. Except for staff initiated refunds, the claim must be signed by the claimant or the claimant’s guardian, conservator, executor or administrator. No other agent, including the claimant’s attorney, may sign a tax refund claim. The City will not accept the claim without the payer’s signature. If the signatory is the guardian, conservator, executor or administrator, the City may require proof of such relationship before processing any refund. The owner of the property must also sign Claim for Refund Form if the project has been cancelled or the scope of work is being affected.
- 6. Refund Processing Fee** — A 1 hour processing fee may be deducted from the refundable amount. Refunds due to staff error will receive the refund amount without the deduction of any processing fee.

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM (CALIFORNIA PENAL CODE SECTION 72)