



AGREEMENT FOR FULL COST BILLING



City of Redding
777 Cypress Avenue
Redding CA 96001
Telephone:
(530) 225-4020
FAX: (530) 225-4495

I understand that the final fee for this application will be based on the costs of the employee time spent processing the application per adopted City labor contracts plus an overhead rate associated with providing the materials and maintaining the facilities necessary to support the service.

I understand that the initial fee is considered a deposit toward full cost for processing. This initial fee will set up an account that shall be charged at the current rate for all staff processing time. I understand that should the final costs be more than the initial fee deposit, I will be billed for the additional charges. If costs are less than the deposit, a refund will be processed.

I understand that staff processing time is applicable to all divisions of the Development Services Department. This also includes, but is not limited to, reviewing plans/submittal packages; routing plans to and communicating with interoffice departments and outside agencies; researching documents relative to site history; conducting site visits; consulting with applicant and/or other interested parties either in person or by phone; preparing environmental documents; drafting of staff reports and resolutions; performing clerical functions; preparing pertinent maps, graphs, and exhibits; and attending meetings/public hearings before the Board of Administrative Review/Planning Commission/City Council.

I also understand that receipt of all discretionary approvals does not constitute an entitlement to begin work. Nondiscretionary approvals may be required from City development departments and outside agencies. I understand that additional fees will be assessed for these approvals. These fees may include, but are not limited to, building permit fees, improvement plan fees, map check fees, traffic impact fees and other development impact fees, parkland dedication fees, and utility connection fees.

As applicant, I assume full responsibility for all costs leading to discretionary approvals (as listed above) incurred by the City in processing this application(s).

PROJECT NAME: _____

PROJECT DESCRIPTION: _____

BILLING CONTACT INFORMATION:

NAME: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE: _____ ZIP: _____
PHONE: _____ FAX #: _____
CELL #: _____ EMAIL: _____

OWNER ARCHITECT
 ENGINEER OTHER: _____

BILLING ADDRESS, IF DIFFERENT FROM CONTACT:

NAME: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE: _____ ZIP: _____
PHONE: _____ FAX #: _____
CELL #: _____ EMAIL: _____

OWNER ARCHITECT
 ENGINEER OTHER: _____

PROPERTY OWNER OR AGENT AUTHORIZATION:

NAME: _____
COMPANY: _____
ADDRESS: _____
CITY, STATE: _____ ZIP: _____
PHONE: _____ FAX #: _____
EMAIL: _____

CHOOSE ONE:

- I am the property owner and hereby authorize the filing of this agreement.
- I am the applicant and am authorized by the owner to file this agreement.

SIGNATURE: _____

DATE: _____

FOR STAFF USE ONLY

PROJECT ADDRESS: _____

JOB NUMBER: _____

TOTAL DEPOSIT FEE: \$ _____

RECEIPT #: _____

RECEIVED BY: _____

(Date Stamp)