

AGREEMENT FOR COST RECOVERY

KERN COUNTY PLANNING AND
NATURAL RESOURCES DEPARTMENT
2700 "M" Street, Suite 100, Bakersfield, CA 93301
(661) 862-8600

APPLICATION TYPE (Check the type of processing requested)

___ Land Division ___ Land Use Permit ___ Zone Change ___ General Plan Amendment

APPLICANT INFORMATION

Work Order No. _____

Applicant Name _____

Primary Telephone _____ Secondary Telephone _____

Mailing Address _____

City _____ State _____ Zip Code _____

Representative's Name _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip Code _____

Property Owner's Name _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip Code _____

PROPERTY INFORMATION

Assessor's Parcel Number(s) _____ Total Site Area _____

Legal Description: Lot _____ Block _____ Tract _____

(or) Section _____ Township _____ Range _____ (or) Parcel Map _____

Site location (if no street address, describe first with name of road providing access to the site, then nearest roads, landmarks): _____

The application for the above-referenced project may generate processing costs in excess of the amount of the filing fee. We have found it necessary to implement the provision of the County fee ordinance that enables the Department to recover the full cost of processing an application.

An initial deposit in the amount of \$ _____ is required before your application can be accepted. Except for the processing of Environmental Impact Reports, this initial deposit also represents the minimum filing fee required to process your application. Monthly draws against this deposit will be made based on staff time and materials needed to process your application. Statements will be sent to you each month documenting the draws against your deposit. If the deposit reaches a balance of \$400.00 or less, you will be asked to make a subsequent deposit. You will be expected to pay these bills within 30 days of invoice date. If you were required to supplement your original deposit, and there is a positive balance after reconciling the final bill, a refund check will be mailed to you.

I _____ * (as the responsible party), agree that actual recorded costs plus overhead,
(please print)

incurred in the processing of this application will be paid to Kern County, c/o Kern County Planning and Natural Resources Department, 2700 "M" Street, Suite 100, Bakersfield, CA 93301. **I also understand that if payment on any billings prior to final action is not paid within thirty (30) days of invoice date, a late charge in the amount of 1.5% of the delinquent balance may be assessed.** Additionally, I understand that, in the event that my account is not paid within 30 days of the invoice date, processing will be suspended until such time that payment is made. In the event of default, I agree to pay all costs and expenses incurred by the County in securing performance of this obligation, including cost of suit and reasonable attorney's fee.

In order to implement the cost recovery provisions, please sign this statement indicating your agreement to the cost recovery procedure. The signed agreement is required for your application to be accepted for processing. If you have questions regarding your application, contact your case planner (661) 862-8600. If you have questions regarding the billing status of your application, contact the accounting section at (661) 862-8800 and provide them with your customer number.

Responsible Party's Signature* _____ Date _____

Case File Numbers _____
