

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 _____

E-Mail Address _____

Representative's Name _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

Property Owner's Name _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____

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, including staff time and materials cost.

Before your application can be deemed complete, an initial payment in the amount of \$ _____ is required. Monthly invoices will be issued based on staff time and materials needed to process your application. You will be expected to pay these bills within 30 days of invoice date.

If the project requires the processing of an environmental document (EIR or Negative Declaration), an initial deposit of \$10,000 or \$5,000 will be required, and all time and materials will be billed against this deposit until it is expended, then monthly invoice billing will be issued with payment due within 30 days.

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 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 at (661) 862-8600. If you have questions regarding the billing status of your application, contact the accounting section at (661) 862-8870 and provide them with your customer number.

Responsible Party's Signature* _____ Date _____

Case File Numbers _____
