Agreement for Payment of Plan Check Fees

Santa Barbara County Flood Control and Water Conservation district (hereinafter District) and
_________________________________ (hereinafter APPLICANT) AGREE AS FOLLOWS:

1. APPLICANT has submitted to DISTRICT an application for ______________
______________, Case # ________________, (hereinafter PROJECT).

2. DISTRICT has set variable fees pursuant to Resolution No. 96-47. APPLICANT
understands and agrees that Government Code §66451.2. authorizes DISTRICT to charge
and collect reasonable fees for processing of tentative, final and parcel maps and for other
procedures required or authorized by Government Code § 66451.2. or local ordinance.

3. APPLICANT and DISTRICT agree that because of the size, nature or scope of
the proposed project, it is impossible to ascertain the full extent of the costs involved in
processing the plan check upon initiation of case processing. APPLICANT and DISTRICT
further agree that it is in the interest of the parties to permit payment of a deposit and to
permit subsequent periodic billing and payment as charges are incurred. APPLICANT agrees
s/he will be benefited by retaining greater cash liquidity and will pay only after costs are
actually incurred. DISTRICT agrees it will be benefited through the greater certainty of
recovering its full costs to process APPLICANT’s plan check.

4. Therefore, pursuant to Resolution No. 96-47 APPLICANT shall pay an initial
deposit, and if actual recorded costs plus administrative costs exceed the initial deposit,
APPLICANT shall make periodic payments to DISTRICT to reimburse the DISTRICT for the
processing of the plan check mentioned above. Such periodic payments shall be made
within 30 days of the billing date. APPLICANT further agrees that failure to pay such accrued
costs shall be grounds for plan checks not being considered complete for signature.

APPLICANT SANTA BARBARA COUNTY FLOOD
CONTROL AND WATER CONSERVATION
DISTRICT

BY: ___________________________ BY: ___________________________

DATE: _______________________ DATE: ________________________