



## Important Information Regarding Your Plan Review Monthly Fees

### How EHS Charges for Plan Review:

All Plan Review projects begin with an application fee of \$255.00. This application fee is non-refundable and applies to the initial administrative services only.

When your Environmental Health Services' (EHS) Specialist begins work on your unique project, that time is billed at an hourly rate of \$161/hr. EHS does not round so if a task, for example, requires an 8 minute phone call, then you would see an 8 minute phone call as a separate line item on your monthly invoice (\$21.44).

### How Clients Are Billed for Plan Review:

Monthly, you will receive an invoice for all of the work done on your Plan Review during that previous month. This invoice is due upon receipt, but no later than 30 days after invoice date.

### How Monetary Penalties Accrue (for late payments):

If the monthly invoice payment is not received within 30 days of its issuance date, the project will be placed "on hold" and all work shall stop; additionally, a 10% penalty is assessed on the total amount due and the client is issued a "Past Due" invoice.

If payment is still not received 30 days after the "Past Due" invoice, the account is penalized an additional 15% and the client is issued a "Final Invoice".

### How a Plan Check Can be Cancelled Due to Non-Payment:

If full payment (principal and penalties) is not received within 21 days of the Final invoice, the account could be turned over to the County's collection agency for collections. Once an account is turned over to the Collections Agency, the project operator/manager will no longer be able to pay the account through Environmental Services. The account is closed and the Collections Agency will contact the designated payer regarding payment which includes principal, penalties and any fees that the Collection Agency may assess on the account.

### Avoiding Problems, Costs and Delays:

To prevent these added costs and delays in your project, take these steps:

- Ensure that complete and accurate information is entered in the "**Billing Information**" section of the application. The monthly invoices will be mailed (via US Mail) to that address.
  - If the Billing Information changes in the midst of your project, contact our office immediately to update your records.
- Pay your monthly invoice as soon as you receive it but no later than 30 days after invoice date.
- Contact our office if you do not receive an invoice but you know work is being performed on your project.
- A sample monthly invoice is provided on page 2 of this document.

# Sample Monthly Invoice



**COUNTY OF SANTA BARBARA • ENVIRONMENTAL HEALTH SERVICES**  
 2125 S. CENTERPOINTE PARKWAY #333, SANTA MARIA, CA 93455 (805) 346-8460 • (805) 346-8485 FAX

## INVOICE

Payment must be received within 30 days of this date or penalties and/or Stop Work notices will be applied.

Invoice #      Date  
IN0106291      10/12/2020

\*TO:

The "Billing Information" from the application appears here for US Mail.

For: Your project name and address appears here for your reference.

Date	Program/		Description	Empl Name	Time in Min	Hourly Rate	Amount	
	Prog #	Element						

09/16/20	SR0111428	1602	S407	S407-Site Check or Survey/Field Study	20	\$161	\$	53.67
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These are your record numbers.

This is the date the work/task was performed.

This is work/task that was performed

This is number of minutes spent on that task

This is total for this line item (based on EHS's hourly rate of \$161/hr)

**To avoid penalties, the Total Amount Due should be paid upon receipt of this invoice.**

**Total Due for This Invoice:    \$    53.67**

This is the total for the Invoice (all line items). Detach this top part for your records and send back the bottom part.

PLEASE DETACH THIS PORTION AND RETURN WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE

10/12/2020

Facility:

PE #	Record #	Invoice #	Invoice Date
<span style="border: 1px solid black; padding: 2px;">1602</span>	<span style="border: 1px solid black; padding: 2px;">SR0111428</span>	<span style="border: 1px solid black; padding: 2px;">IN0106291</span>	<span style="border: 1px solid black; padding: 2px;">10/12/2020</span>

The "Billing Information" from the application is copied here.

This bottom part should be returned using the Return Envelope provided with each invoice.

Please remit to:  
 Santa Barbara Co. Environmental Health Services  
 2125 S. Centerpointe Parkway, Suite 333  
 Santa Maria, CA 93455

**TOTAL DUE            \$            53.67**

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