

CITY OF BUELLTON

AGREEMENT FOR PAYMENT OF PROJECT APPLICATION PROCESSING FEES

(Note – This Agreement not needed for Zoning Clearance or Land Use Exemption)

FILL OUT COMPLETELY

TYPE OR PRINT

1. Property Owner:
Name: _____
Mailing Address: _____

(city) (state) (zip)
Phone: _____
2. Agent:
Name: _____
Mailing Address: _____

(city) (state) (zip)
Phone: _____
3. Party responsible for payment: (check one) _____ OWNER _____ AGENT _____ OTHER
(If other is checked fill out below)
Name: _____
Mailing Address: _____

(city) (state) (zip)
4. Project address: _____
5. APN: _____
6. Application/file reference number: _____

As the responsible person or party, I hereby agree that the administrative, file storage and material costs incurred in the processing of the applications for the above referenced project will be paid to the City of Buellton. I understand that the deposit I am herewith submitting is for average processing costs and that any additional amount will be billed to me directly. I agree that such additional fees will be paid either: (1) prior to the hearing on the applications, if required by the City at that time and/or, (2) prior to the issuance of a final land use clearance by the City. In the event I withdraw the application, I understand that I will be billed for any outstanding amount, which I agree to pay within thirty (30) days of the billing notice. If not paid within thirty (30) days any amount due the City will bear interest at the highest legal rate. I agree to pay any attorney's fees incurred by the City in collecting said fees. I also understand that if the deposit amount has not been exceeded, I will receive a refund of the remaining amount.

Signed: _____ Date: _____

(check one): _____ Owner _____ Agent _____ Other

