

FINANCIALLY RESPONSIBLE PARTY

Affidavit Form



PROJECT NAME

RESPONSIBLE PARTY NAME

BILLING ADDRESS (Street, City, State, Zip)

CONTACT PERSON

PHONE

EMAIL

I, _____, understand that by signing below, I agree to be the financially responsible party for the above listed project. Any and all fees for this project will be my responsibility to coordinate payment to ensure fees are paid within the required remittance timeframe. These fees include, but not limited to:

Permit Fees

Fees will be applied as outlined within the City of Edgewood Fee Schedule. Additional fees may be necessary as your project progresses based upon individual project/permit circumstances. Joint project meetings requested by an applicant with multiple review staff, managers and/or directors will be subject to Staff Billable Hourly Rates.

Deposit for Reimbursement of Costs ([EMC 3.35.03](#)) – Third Party Review Fees

Processing and/or review costs incurred by the City for professional services performed by a third-party shall be paid by the Financially Responsible Party in addition to the basic permit fee, if any.

The City will request an estimate for services, which will be invoiced and collected to be held as a Deposit on Account. When the service provider completes all or portions of the review, the City will use the Deposit on Account to cover the invoiced fees. Projects may require multiple 3rd party reviews resulting in multiple invoices to the responsible party. The City will attempt to maintain a positive Deposit on Account balance for the project through timely communication and invoicing. Project progress will depend on the responsible party maintaining a positively funded Deposit on Account balance.

I understand that any positive fund balance after the completion of the project will be returned to the above party via City Check. If at any point during the project, a new financially responsible party needs to be designated, the City of Edgewood will be notified, and a new affidavit will be submitted. The City is not responsible for private agreements regarding the transfer of financial responsibility.

Name: _____

Signature: _____ Date: _____