



Planning Department  
 168 North Edwards Street  
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 Independence, California 93526

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## PROCESSING FEE AGREEMENT

**APPLICATION TYPE:** (Check the type of processing requested)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> APPEAL                   | <input type="checkbox"/> MINE INSPECTION                  | <input type="checkbox"/> PARCEL MERGER           | <input type="checkbox"/> TRACT MAP             |
| <input type="checkbox"/> CERIFICATE OF COMPLIANCE | <input type="checkbox"/> MINE RECLAMATION PLAN            | <input type="checkbox"/> ROAD ABANDONMENT        | <input type="checkbox"/> VARIANCE              |
| <input type="checkbox"/> CC-LOT LINE ADJUSTMENT   | <input type="checkbox"/> MOBILEHOME WAIVER                | <input type="checkbox"/> SPECIFIC PLAN           | <input type="checkbox"/> ZONE RECLASSIFICATION |
| <input type="checkbox"/> CONDITIONAL USE PERMIT   | <input type="checkbox"/> PARCEL MAP                       | <input type="checkbox"/> TELECOMMUNICATIONS PLAN | <input type="checkbox"/> OTHER: _____          |
| <input type="checkbox"/> GENERAL PLAN AMENDMENT   | <input type="checkbox"/> PRE-APPLICATION MEETING REQUIRED |  |  |

**APPLICANT INFORMATION:** (Contact person)

**Applicant Name :** \_\_\_\_\_ Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Landowner Name:** \_\_\_\_\_ Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_  
**Agent Name:** \_\_\_\_\_ Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

**PROPERTY INFORMATION:** Assessor's Parcel Number(s): \_\_\_\_\_ Total Site Area \_\_\_\_\_

Legal Description: Lot \_\_\_\_\_ Block \_\_\_\_\_ Tract \_\_\_\_\_ (or),  
 Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Base line & Meridian \_\_\_\_\_

Site Location: (if no street address, describe first with name of road providing access to the site, then nearest roads, landmarks):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By County ordinance, Planning Department Processing Fees recover the costs of processing applications. These costs include personnel and overhead costs, as indicated on the attached schedule, as well as the cost of materials necessary to process the application. The deposit you pay is an estimate of the cost of processing the application and may not cover the entire cost for which you will ultimately be responsible.

Your initial deposit amount of \$ \_\_\_\_\_ will be applied toward processing your application(s). Interest does not accrue on this deposit. Monthly withdrawals against this deposit will be made based on the costs incurred in processing your application(s). Statements will be sent to you each month documenting the draws against your deposit. If the deposit reaches a balance of \$400.00 or less, you will be asked to make a subsequent deposit. You will be expected to deposit these additional fees within 30 days of a request for additional funds. If there is a balance remaining after reconciling the final bill, a refund check will be mailed to you within 45 days of the final closure of the project.

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(s) to be accepted for processing. If you have questions regarding your application(s), or the billing status of your application(s), contact the **Inyo County Planning Department** at (760) 878-0263, and provide your project file number(s).

I, \_\_\_\_\_ (applicant's name), agree to pay the Inyo County Planning Department Processing Fee, which consists of the costs, as described above, incurred by Inyo County in processing this application. Such payment will be made to the Inyo County Planning Department, P.O. Drawer L, Independence, CA 93526. I understand and agree that processing of my application will be suspended pending receipt by the Planning Department of all requested deposits. In the event of default of my obligations, I agree to pay all costs and expenses incurred by Inyo County in securing performance of this obligation, including the cost of suit and reasonable attorneys' fees.

**Responsible Party's Signature \*** \_\_\_\_\_ **Date** \_\_\_\_\_

**Project File Number(s):** \_\_\_\_\_

\* Applicant or Landowner listed above