



**AGREEMENT FOR FULL COST BILLING**

Yreka Planning Department  
701 Fourth Street  
Yreka, CA 96097

I understand that the final fee for this application will be based on the actual costs of the employees (City and Contractual) time spent processing the application plus an overhead rate associated with providing the materials and maintaining the facilities necessary to support the service.

I understand that the initial fee is considered a deposit toward full cost for processing. This initial fee will set up an account that shall be charged at the current rate for all staff processing time. I understand that should the final costs be more than the initial fee deposit, I will be billed for the additional charges. If costs are less than the deposit, a refund will be processed.

I understand that staff processing time is applicable to all applicable divisions of the City of Yreka as well as contracted Planning and Engineering Services. This also includes, but is not limited to reviewing plans/submittal packages; routing plans to and communicating with interoffice departments and outside agencies; researching documents relative to site history; conducting site visits; consulting with applicant and/or other interested parties either in person or by phone; exhibits; and attending meetings/public hearings before the Planning Commission/City Council.

I also understand that receipt of discretionary approvals does not constitute an entitlement to begin work. Nondiscretionary approvals may be required from city departments and outside agencies. I understand that additional fees will be assessed for these approvals. These fees may include, but are not limited to building permit fees, improvement plan fees, map check fees, traffic impact fees, Environmental Assessment fees, and other fees such as development impact fees, parkland dedication fees, and utility connection fees.

**As applicant, I assume full responsibility for all costs leading to approvals incurred by the City in processing this application.**

**Project Name:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

Billing Contact Information:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Billing Address if different from contact:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Applicant Name: (Please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_