



DEVELOPER DEPOSIT AUTHORIZATION FORM

Development Services Department
Planning Division

This form must be submitted with your application. Applications will not be accepted or deemed complete without a signed copy.

PROJECT INFORMATION

Location: _____

Project Type: _____

BILLING CONTACT INFORMATION (Primary contact for deposit payments)

Contact Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

OVERVIEW

This application requires the establishment of a **Developer Deposit Account** before City staff can begin review and processing of the application. This is **not** a fixed-fee application. A deposit is required to cover actual costs incurred during the review and inspection process, including staff time, materials, and related expenses. Charges are billed at the hourly rates listed in the City's adopted Master Fee Schedule.

In addition to staff time, charges may include **outsourced costs**, such as public noticing (e.g., printing, mailing services, and newspaper ads) or inspection-related services, which may vary depending on the scope of work.

If charges exceed or are expected to exceed the initial deposit, **additional deposits will be required.**

Monthly statements will be sent to the billing contact's **email address on file**. It is the applicant's responsibility to provide a valid and current email address with their application, and to update with Planning Division staff as necessary to ensure timely receipt of statements. **Payment is due within 30 days** of the statement date. **A \$5 late fee and 1% monthly interest** will apply to unpaid balances. If payment is not received within **60 days**, the project may be **paused or placed on hold** until payment is received. Accounts unpaid after **90 days** may be referred to collections.





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ACKNOWLEDGEMENT AND TERMS

By signing below, I acknowledge and agree to the following:

- A **Developer Deposit Account** will be created after your initial deposit is received. Charges will be drawn against this account to cover City staff time and administrative expenses and may also include **outsourced services** such as public noticing (e.g., printing, mailing, newspaper ads) or inspection-related fees.
- I am responsible for all charges associated with this application.
- Monthly statements will be sent to the billing contact's **email address on file**. I am responsible for providing a valid and current email address to ensure receipt of statements. I will notify the City of any changes in project ownership, applicant, or billing contact information.
- **Payment is due within 30 days** of the statement date. A **\$5 late fee** and **1% monthly interest** will apply to unpaid balances. If payment is not received within **60 days**, the project may be **paused or placed on hold** until payment is received. Accounts unpaid after **90 days** may be referred to collections.
- If charges exceed the initial deposit, I will be responsible for submitting additional deposit(s).
- Any unused portion of the deposit will be refunded at the end of the process or upon project completion.

I have read and understand the terms listed above and agree to all conditions.

Billing Contact Signature: _____

Printed Name: _____ Date: _____

