



# Community Development Department

2100 Thousand Oaks Boulevard • Thousand Oaks, CA 91362  
Planning Division • Phone 805/449.2323 • Fax 805/449.2350 • www.toaks.org  
Building Division • Phone 805/449.2500 • Fax 805/449.2575 • www.toaks.org

## **AGREEMENT FOR PAYMENT OF COSTS EXCEEDING SUBMITTED DEPOSIT**

**SIGN AND RETURN this form to the Community Development Department, City of Thousand Oaks with submittal of your project application(s).** To process your application for the project identified below, you are charged based on the City's current User Fee Manual, at a time and material rate which may include charges for the actual cost of City staff time, City-paid consultants and any materials\* necessary to process the application.

I \_\_\_\_\_ am the person responsible for Payment and I agree to pay any additional sum exceeding my submitted deposit, based on actual cost of staff time, consultant time, and materials\*. (Refer to City's User Fee Manual for hourly staff time rates.)

I acknowledge and agree that: 1) I may be required to pay an additional deposit once 75% of the original is exhausted; 2) I will pay all invoiced payments within 30 days of the date of the invoice; 3) the City reserves the right to stop work on a project if payments for invoices are not received.

If the total cost of processing the application is less than the deposit, the City will direct the refund balance to the person/entity that submitted the deposit unless stated otherwise below. Refunds are processed once all staff, consultant and/or material related to the project have been completed.

I FURTHER AGREE THAT IF THE PROJECT APPLICANT OR PROPERTY OWNER CHANGES DURING APPLICATION PROCESSING, I WILL REMAIN FULLY RESPONSIBLE FOR PAYMENT OF ALL AMOUNTS UNDER THIS AGREEMENT UNTIL A FULLY EXECUTED AGREEMENT BY THE NEW PROJECT APPLICANT OR PROPERTY OWNER HAS BEEN RECEIVED AND ACKNOWLEDGED BY THE CITY.

\*Materials are defined as any City expense (such as legal advertisements, mailings, signage, duplication, CDs/DVDs, or other applicable materials) reasonably incurred due to the processing of your application.

### **PROJECT AND PROPERTY IDENTIFICATION**

Person or Entity work is being completed for: \_\_\_\_\_

Property Owner Name(s): \_\_\_\_\_

Project Location(s)\*\*: \_\_\_\_\_

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

\*\*Specify property street address(es). If street address is not available, please specify the assessor's parcel number(s). If any of the listed projects are located in a City Right-of-Way or easement and do not have a specific address or assessor's parcel number, you must obtain a new address from the Public Works Department prior to application(s) submittal to the City.

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PARTY RESPONSIBLE FOR PAYMENT

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

INVOICES MAILED TO (If different then Party Responsible for Payment.)

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

REFUNDS:

In the event that the deposit(s) exceeds the costs associated with the project, the excess deposit will be returned to the entity that made the payment. If the refund should go to another party, please complete this section.

Contact Name: \_\_\_\_\_ Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_ Company: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Company: \_\_\_\_\_

Project Coordinator Signature: \_\_\_\_\_ Company: \_\_\_\_\_

FOR CITY USE ONLY

Date Agreement Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Project/Case # assigned: \_\_\_\_\_

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