



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

APPLICATION FOR LANDSCAPE PLAN CHECK

NOTICE! ONLY COMPLETE SUBMITTALS WILL BE ACCEPTED.

- Please respond to ALL items on this form.
- Explain any omissions or deviations under "REMARKS".
- Incomplete submittals or unacceptable plans (per City Landscape Guidelines) will not be logged in for plan check.

CHECK LIST

- Submittal Fee and Deposit payable to City of Thousand Oaks AMOUNT: \$ _____
- Four sets of complete landscape plans (three bound/stapled rolled sets in 36" x 48" size, one bound/stapled sets in 11" x 17" size).
- One copy of written specifications.
- One copy of site plan, vicinity map, architectural elevations and grading plans.
- One copy of conditions of approval.
- Submit a CD containing a .pdf version of all plans submitted with this application.
- Agreement for Payment with original signature(s)

I. PROJECT INFORMATION

Property Location (street address and/or location description): _____

Project Description/Remarks: _____

Entitlement Application #: _____ Tract #: _____

II. APPLICANT INFORMATION (person/entity work being completed for)

Name: _____

Company/Organization (if applicable): _____

Mailing Address: _____

City/State/Zip: _____

Phone: (_____) _____ Mobile: (_____) _____

Email: _____

III. PROJECT COORDINATOR/APPLICANT'S REPRESENTATIVE (if other than applicant)

Name: _____
Company/Organization (if applicable): _____
Mailing Address: _____
City/State/Zip: _____
Phone: (_____) _____ Mobile: (_____) _____
Email: _____

IV. PROPERTY OWNER INFORMATION (if other than applicant)

Name: _____
Company/Organization (if applicable): _____
Mailing Address: _____
City/State/Zip: _____
Phone: (_____) _____ Mobile: (_____) _____
Email: _____

V. LANDSCAPE ARCHITECT INFORMATION

Name: _____
Company/Organization (if applicable): _____
Mailing Address: _____
City/State/Zip: _____
Phone: (_____) _____ Mobile: (_____) _____
Email: _____
License No.: _____





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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.

AGREEMENT FOR PAYMENT

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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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