

# COMMUNITY DEVELOPMENT DEPARTMENT

## Engineering Division

4381 Broadway, Ste 201  
 American Canyon, CA 94503  
 (707) 647-4336 Fax: (707) 643-2355



### GRADING PERMIT

Permit # \_\_\_\_\_

Project Name: \_\_\_\_\_ APN: \_\_\_\_\_ Project #: \_\_\_\_\_

<b>Project Address:</b>		<b>Cross Street:</b>
<b>Owner:</b>	<b>Phone:</b>	<b>Fax:</b>
<b>Mailing Address:</b>		
<b>Contractor:</b>	<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>State Lic. No.:      Lic. Class:</b>
Licensed Contractors Declaration: I hereby affirm that I am licensed under provisions of Chapter 90 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.	<b>Contractors Signature:</b>	<b>Date:</b>
<b>Designer:</b>	<b>Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	
Workers Compensation Declaration: I hereby affirm that I have a certificate of consent to self-insured or a certificate of Workers Compensation Insurance, or a certified copy thereof filed with the Community Development Department.		
Policy No. _____ Insurance Company: _____		
Applicant Signature: _____ Expiration Date: _____		
<b>DESCRIPTION OF WORK PROPOSED</b>		
_____ _____ _____		
<b>FEES &amp; OTHER PROVISIONS</b>		
<input type="checkbox"/> PLANS APPROVED <input type="checkbox"/> NO PLANS <b>TOTAL \$</b>		
<b>Issued By:</b>	<b>Date:</b>	
<b>SUBJECT TO FIELD INSPECTION</b>		



# DEVELOPER DEPOSIT PROJECT SET UP FORM

APPLICANT INFORMATION  
(PLEASE PRINT)

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**BILLING INFORMATION**  
(PLEASE PRINT)

BILLING PARTY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

**As an authorized representative of the applicant, I hereby consent by my signature below, that I understand the following:**

The service of processing an application for development of property in the City of American Canyon is of primary benefit to the applicant. The cost of processing an application is charged according to the hours spent by staff in reviewing and analyzing the project including checking plans, writing staff reports, preparing environmental analyses, notifying and responding to the public and attending public hearings. The applicant receiving the benefit from the service shall pay the cost of these services. Total cost varies according to the size of the project and the complexity of the issues involved. At the City's sole discretion, a consultant may process the application. Pursuant to City Council Resolution 2008-79 for development applications, the applicant will pay all costs for consultant services inclusive of any applicable "in-house" administrative costs. Project specific expenditures such as City Attorney services, postage for mailing public notices, advertising, etc. have been excluded from the hourly rates. These project specific expenditures will be billed "at cost" on a project by project basis to the applicant.

The deposit creates an open account to which processing time is charged. Processing charges will automatically be drawn against the deposit funds until the minimum balance is remaining. All service charges will be invoiced to the applicant on a monthly basis. Accompanying the invoice will be a statement, which will include a description of services rendered during the billing period. Payment is due within 15 days of the invoice. **If payment is not received within 7 working days after the invoice due date, all development activities will be suspended until payment is received.**

At the conclusion of the discretionary process, after full payment of all invoices is received, any remaining deposit amounts will be refunded to the applicant.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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**COMMUNITY DEVELOPMENT USE ONLY**

(CHECK)

NEW PROJECT DEPOSIT \$ \_\_\_\_\_

MINIMUM INITIAL DEPOSIT MET? (CHECK) \_\_\_\_ YES  
\_\_\_\_ NO

MINIMUM DEPOSIT AMOUNT \$ \_\_\_\_\_

DEPOSIT WAIVED – EXPLAIN:  
\_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL DEPOSIT (EXISTING PROJECT)

CASH BOND \$ \_\_\_\_\_

REOPEN OLD PROJECT

CITY STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_

PROJECT # \_\_\_\_\_

RECEIPT # \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

RELATED PROJECTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_