



# Agreement for Payment of Fees

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**COUNTY** of Santa Barbara (hereinafter **COUNTY**),

and \_\_\_\_\_ the Financially Responsible Party (hereinafter **FRP**)

**AGREE AS FOLLOWS:**

1. This Agreement is in reference to processing costs associated with the Project:

Site Address (APN if no address): \_\_\_\_\_

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

2. A security deposit or fixed fee will be collected at time of project submittal. Security deposit projects will receive requests to pay within each review letter if deposit balance is not sufficient to allow subsequent review and processing of project, to be paid at time of subsequent submittal. Upon completion of project, any remaining security deposit will be refunded to the **FRP**. If a fixed fee project has unique characteristics or raises complex issues, which would make the case more expensive to process, it will be converted to deposit based process, as detailed above. If the **FRP** elects to utilize Expedited Processing, we will use outside contractors or County staff on overtime to expedite processing. This will result in consultant costs plus indirect overhead charged on an hourly basis or County staff billing rates charged at 1 ½ times the regular rate (Approximately equal in cost) at the discretion of the County Surveyor. As outlined in our Expedited Processing request form, you must submit the Expedited Request form to begin that process.
3. The **FRP** is responsible for payment of all processing costs associated with the project listed above. If, during the course of processing, the financial responsibility changes, the new financially responsible party must complete an Agreement for Payment which will release the previous **FRP** from further financial obligations and designate the new **FRP**. The undersigned **FRP** remains financially responsible until a new **FRP** signs a separate Agreement for Payment.
4. Each review letter will show a current account balance and any requests to pay. It is a good faith effort to provide the **FRP** with an estimate of project costs for the duration of processing. If a payment (in response to a request to pay) is not submitted with subsequent project submittals, the **COUNTY** will not continue to process your project.
5. **FRP** agrees to pay all fees applicable under the County Surveyor's fee schedule(s) prior to completion and recordation. Recordation will not happen without receipt of full payment for fees applicable under the County Surveyor's fee schedule.
6. If the **FRP** owes any amount due on any other processing case with the County Surveyor's Office, we will not accept any subsequent applications from the **FRP**, until such time as the balance of the delinquent case has been paid.
7. This document must be signed, personally by the **FRP**. It may not be signed by an agent or attorney in fact or other person unless a properly executed Power of Attorney, as approved by County Counsel, is submitted also,

Santa Barbara County Surveyor's Office  
Agreement for Payment of Processing Fees

Upon project completion, the remaining security deposit balance (if more than \$20) will be refunded to the Financially Responsible Party and the address as completed here.

**FRP CONTACT INFORMATION AND SIGNATURE** **\*\*ALL FIELDS ARE REQUIRED\*\*** (if LLC or other legal entity, must provide documentation)

SIGNATURE PRINT NAME DATE

FRP MAILING ADDRESS (If Different) CITY STATE ZIP

FRP TELEPHONE NUMBER FRP EMAIL (Required)

**EXECUTED** this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

COUNTY Use Only	
COUNTY PROJECT NUMBER	DATE RECIEVED BY COUNTY

**CHANGE IN FINANCIALLY RESPONSIBLE PARTY**

If this document supersedes a previous Agreement for Payment, due to change in financial responsibility, the previous **FRP** must also sign to acknowledge release of responsibilities. Upon project completion, the security deposit balance (if any) will be refunded to the **FRP** on record at that time.

**PREVIOUS FINANCIALLY RESPONSIBLE PARTY** **\*\*ALL FIELDS ARE REQUIRED\*\***

SIGNATURE PRINT NAME DATE

FRP MAILING ADDRESS (If Different) CITY STATE ZIP

FRP TELEPHONE NUMBER FRP EMAIL (Required)

DATE OF RELEASE OF FINANCIAL RESPONSIBILITY