



**This form is required to be the first page of the Application (APP) file.** For help with submittals, see the [ePlan User Guide & ePlan Video Series](#)

The preparer is legally responsible for signatures whether a graphic, typewritten, or handwritten. Documents may not be restricted by digital signatures or otherwise.

**Notice to Building Permit Applicant**

- Building permit questions: [Planning\\_BuildingInfo@santacruzcounty.us](mailto:Planning_BuildingInfo@santacruzcounty.us). Visit our website for hours of operation and other contact information.
- Effective 11/1/20:** [ePlan](#) electronic submittal required for all projects requiring a review. Permit status and corrections must be tracked [online](#).
- Application fees are not refundable, except as specified in the Planning Department Fee Schedule.
- You must advise residents of the subject property that Planning Department staff may be visiting the site. The site must be clearly marked/staked for staff inspection. Incomplete directions or markings will delay the review of the project.
- If you have begun any activity requiring County review or approval without first obtaining a permit, you will be charged for staff time incurred to investigate the violation and costs for staff time that accrue until the violation is resolved. Authority for these charges is found in Chapter 1.12 of the Santa Cruz County Code.
- Actions by County staff regarding your Building Permit Application may be appealed. For guidance on how to file an appeal, contact the Building Counter of the Planning Department or refer visit our website.
- Extension Policy: You have until the expiration date of this application to resolve all deficiencies and obtain your permit. Per County Code, the expiration date is two years after the application date or six months from the date the application is approved whichever comes first. Extensions of the expiration date are rarely granted and only in extreme cases where extenuating circumstances can be shown.
- Notice to Applicants for Commercial Building Permits: [AB3002](#)

The undersigned applicant hereby authorizes the filing of this application and authorizes staff to visit the subject property. I understand that staff may visit the property both during the review process and following the issuance of the permit. I certify to the best of my ability that the submittal information is true and correct, and that I have read and understand the above.

**Applicant Signature**

Signature: \_\_\_\_\_

**Application**

Upload Submittal files (see below) and notify the Planning Department (option 1 or 2). Staff will create an application and notify you of required intake fees. Payments can be made at the Planning Department or [online](#).

**Option 1:** Call the Planning Department to schedule an appointment. Tel: 831-454-3252

**Option 2:** Click the [green Send Notification](#) button online. (staff response times shown online or in emails are contingent on current workload)

**Submittal Files**

**New Applications**

Application (APP) file, Plans (PLN) **and/or** Supplemental (SUP).

**Resubmittals**

Letter (LTR), Plans (PLN) **and/or** Supplemental (SUP). Resubmit new APP, PLN, or SUP file if it was revised. To replace existing files, simply upload new ones.

The Application (APP) file must include the [applicable Intake Items](#) to initiate the permit. After approval by all agencies, the approval letter will identify the *Final Items*. Prior to permit issuance, add the *Final Items* to the Application (APP) file (*Intake Items + Final Items*) and reupload.

[•] Bullet items are mandatory. Mark other included items.

**APP file (*intake*) - Intake Items at initial submittal**

- ePlan Submittal Checklist – PLG230 (must be 1<sup>st</sup> page)
- Building Permit Application – [PLG200](#) or [PLG205](#) or [PLG206](#)
- Owner-Agent Authorization – [PLG210](#)
- Zoning Review/Prescreen (4<sup>th</sup> Floor)
- Discretionary Permit No. \_\_\_\_\_
- Parcels with Septic: Environmental Health clearance (3<sup>rd</sup> Floor)
- Non-Public water: Environmental Health approval (3<sup>rd</sup> Floor)
- Public water: Conditional Will Serve Letter
- Other(s): \_\_\_\_\_

**File Standards & Submittal Requirements**

- 1 of each file type allowed (APP, PLN, SUP) in PDF format.
- Files contain all sheets/documents (not simply revised items).
- Unlocked & flattened (no layers).
- Bookmarks set to [Fit Page](#) with names matching the index.
- Stamps/signatures are embedded. (Digital signatures not allowed)
- Submittals must meet all County submittal requirements.

**APP file (*final*) – add final items to APP file & upload prior to permit issuance**

- APP file Intake Items
- Owner-Builder Acknowledgement – [PLG220](#)
- Fire Department Payment Receipt
- School Certificate of Payment
- Public water: Unconditional Will Serve Letter
- Other(s): \_\_\_\_\_

**Plans (PLN) & Supplemental (SUP) (see File Standards & Submittal Requirements)**

- Plans (PLN)
- Supplemental (SUP) (PLG235 must be first page)



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**Project Information** All applicants must fill out this section Staff will assign Permit No. \_\_\_\_\_

Notice to Applicants for Commercial Building Permits: [AB3002](#)

[ePlan](#) electronic submittal required for all projects requiring a review. Permit status and corrections must be tracked [online](#).

APN:		Date:	11-03-2021
Project Address:			
Legal Owner:		Email:	
Owner Address:		Phone:	

<b>Applicant</b>		License No.	
Name:		Email:	
Address:		Phone:	

<b>Design Professional in Charge (if any)</b>		License No.	
Name:		Email:	
Address:		Phone:	

**Briefly Describe Scope of Work** Indicate square footages of buildings, additions, remodel, retaining walls (face), decks, pools, sheds, trellis, etc.

A NEW DETACHED ADU IS TO BE CONSTRUCTED AT THE REAR OF THE PROPERTY. IT IS 1,000 SQ FT AND HAS TWO BEDROOMS AND TWO BATHROOMS. THERE WILL ALSO BE A NEW ON-GRADE 387 SQ FT CONCRETE PATIO AND WALKWAY LEADING TO THE NEW ADU

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**Declarations** All applicants must fill out this section. Signature applies to both declarations.

**A. Worker's Compensation Declaration.** Warning: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to \$100,000, in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees. I hereby affirm under penalty of perjury one of the following declarations:

Check only one box:

- a) I have and will maintain a certificate of consent to self-insure for workers' compensation, issued by the Director of Industrial Relations as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.  
 My policy number is: \_\_\_\_\_
- b) I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are:  
 Carrier: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Policy No.: \_\_\_\_\_ Expires: \_\_\_\_\_
- c) I certify that, in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that, if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

**B. Declaration Regarding Construction Lending Agency.** I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Civil Code Section 3097). *If not using a construction lending agency, write N/A.*

Lender's Name: N/A  
 Address: \_\_\_\_\_

**Licensed Contractor, Property Owner, or Authorized Agent** Sign and print name below

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Applicant Information** Fill out only the applicant section that applies to you.

**A. Licensed Contractor or Authorized Agent as Applicant.**

Company: \_\_\_\_\_ License No. \_\_\_\_\_  
License Class: \_\_\_\_\_

**Licensed Contractor Declaration:** I hereby affirm under penalty of perjury that I am licensed under provisions of Business and Professions Code Division 3, Section 7000 of Chapter 9, and my license is in full force and effect.

**Licensed Contractor or Authorized Agent** Sign and print name below

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Owner-Builder or Authorized Agent as Applicant**

**Owner-Builder's Declaration**

I hereby affirm under penalty of perjury that I am exempt from the Contractors' State License Law for the reason indicated below. Per Business and Professions Code Section 7031.5, Business and Professions Code: Any city or county that requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for the permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors' State License Law (Chapter 9, commencing with Section 7000, of Division 3 of the Business and Professions Code) or that he or she is exempt from licensure and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500). Check only one (a, b, c):

- a) I, as owner of the property, or my employees with wages as their sole compensation, will do  ALL of or  PORTIONS of the work, and the structure is not intended or offered for sale. Per Business and Professions Code Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who, through employees' or personal effort, builds or improves the property, provided that the improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the Owner-Builder will have the burden of proving that it was not built or improved for the purpose of sale.
- b) I, as owner of the property, am exclusively contracting with licensed Contractors to construct the project. Section 7044, Business and Professions Code: The Contractors' State License Law does not apply to an owner of property who builds or improves thereon, and who contracts for the projects with a licensed Contractor pursuant to the Contractors' State License Law.
- c) I am exempt from licensure under the Contractors' State License Law for the following reason: (explain below)

By my signature below, I acknowledge that, except for my personal residence in which I must have resided for at least one year prior to completion of the improvements covered by this permit, I cannot legally sell a structure that I have built as an owner-builder if it has not been constructed in its entirety by licensed contractors. I understand that a copy of the applicable law, Section 7044 of the Business and Professions Code, is available upon request when this application is submitted or at the following Web site: <http://www.leginfo.ca.gov/calaw.html>. I also certify the following:

- I am the property owner or authorized to act on the property owner's behalf.
- I have read this application and the information I have provided is correct.
- I agree to comply with all applicable county ordinances and state laws relating to building construction.
- I authorize representatives of this county to enter the above identified property for inspection purposes.

**Property Owner or Authorized Agent Signature** Sign and print name below

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C. Authorizing an Agent to be the Applicant** To be completed by the Licensed Contractor or Owner-Builder

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Agent Address: \_\_\_\_\_  
Project Address: \_\_\_\_\_

**For the Licensed Contractor who is Authorizing an Agent:** I authorize the above-named person to act as my agent to apply for, sign, and file the documents required to obtain a building permit for the project at the listed address. I declare under penalty of perjury that I am the Licensed Contractor for the property listed at the above Project Address, I have filled out this section, and I certify the accuracy of the information provided.

**For the Owner-Builder who is Authorizing an Agent:** Except for the Owner Builder Acknowledgement [PLG220](#) which is my personal responsibility, I authorize the above-named person to act as my agent to apply for, sign, and file the documents required to obtain a building permit for my property. I declare under penalty of perjury that I am the Property Owner at the above Project Address; I have filled out this section; and I certify the accuracy of the information provided.

Check one:  Licensed Contractor OR  Owner-Builder who is authorizing the agent (sign and print name below)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



The preparer is legally responsible for signatures whether a graphic, typewritten, or handwritten. Documents may not be restricted by digital signatures or otherwise.

**Project Information** Permit No. \_\_\_\_\_

APN: [REDACTED] Date: 11-03-2021  
 Project Address: [REDACTED]  
 Legal Owner: [REDACTED] Email: [REDACTED]  
 Owner Address: [REDACTED] Phone: [REDACTED]

**Authorized Agent**

Firm Name: [REDACTED] License No. [REDACTED]  
 Name: [REDACTED] Email: [REDACTED]  
 Address: [REDACTED] Phone: [REDACTED]

**Authorization Statement**

**This is the County's authorization to issue a permit to the Agent shown above.**

One Owner-Agent Authorization form will be required for each permit required. In the case where there is more than one owner of a parcel, the owner signing this form represents that he/she has the consent from all other owners of the parcel. For development permits, by signing this form, the owner is authorizing the agent to legally bind the owner to responsibility for payment of the County's cost for inspections and all other actions related to noncompliance with permit conditions. The agent will be required to provide the department with proof of service by mail, that the owner was mailed a copy of the executed acceptance of permit conditions. Finally, by signing this form, the owner is designating the agent as their Agent for Service of Process for all matters relating to this application.

**Refunds will be made to whomever made the payment.**

**Effective 11/1/20 (Building Permits):** [ePlan](#) electronic submittal required for all projects requiring a review. Permit status and corrections must be tracked [online](#).

AB3002 Notice to Applicants for Commercial Building Permits online: [AB3002](#)

I declare under penalty of perjury that I am the Property Owner at the above Project Address; I have filled out this document; and I certify the accuracy of the information provided.

**Signature of the Owner** (who is authorizing the agent)

Signature: [REDACTED]

Date: [REDACTED]



## WATER SERVICE INFORMATION FORM

November 23, 2021

**Owner:** [REDACTED]  
**Site Address:** [REDACTED]  
**Site APN:** [REDACTED]  
**Project Description:** New Detached ADU

Dear [REDACTED]

Your project is located within the City of Santa Cruz Water Service area. The subject parcel is currently a developed lot, with an existing water service, and is subject to the following conditions:

1. After performing a detailed plumbing fixture count, it has been determined that the existing 5/8" sized water meter is not sufficiently sized to serve your project. Therefore, a new 3/4" sized water meter is required.  
  
A shared water service and billing account is estimated for the existing dwelling unit and additional dwelling unit. If the applicant elects to install separate water services for separate billing accounts for each dwelling unit, the applicant must notify the Water Department prior to submitting payment.
2. The existing B9 water meter box/lid is required to be retrofitted with a new B16 Christy meter box/lid, and a property-side customer shutoff valve is required to be installed within the box as per SCWD Details 2 & 5. A traffic rated water meter box is required for all water meter boxes subject to vehicular traffic. If the appropriately sized meter box/lid and property-side customer shutoff valve already exists, the applicant must notify the Water Department prior to submitting payment.
3. Please see the attached details, and list of certified water service installation contractors. All water permit fees are due prior to the issuance of the Water Service Installation Permit. All water service retrofit work must be completed for this project prior to signing off on the building permit final.

If you have any questions, please contact the Water Department Engineering Division at (831) 420-5210

Sincerely,

Casey O'Connor  
City of Santa Cruz | Water Dept., Engineering  
212 Locust Street, Suite C  
Santa Cruz, CA 95060

# NEW WATER SERVICE- Permit Fee Estimate

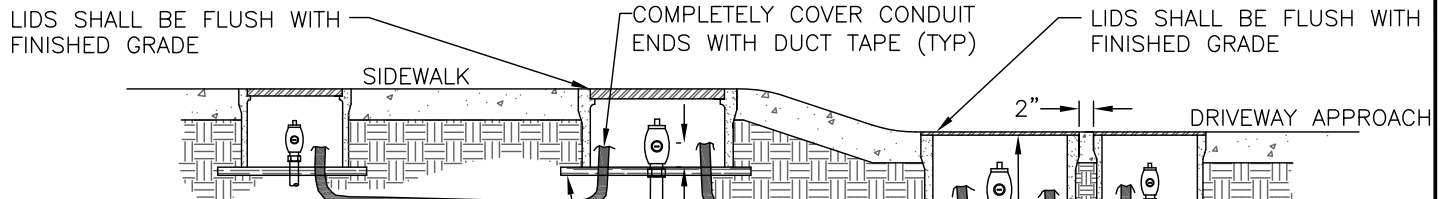
WTP21-0182

Mtr Config	Use Type	Type/Size	Fee Description	Num of Units	Unit Cost	Sub Total
	MASTER WATER PERMIT		C/D PLAN REVIEW RESIDENTIAL PER UNIT	1	\$104.00	\$104.00
			GENERAL INSPECTION FEE	1	\$104.00	\$104.00
			INSTALLATION FEE - 3/4 METER	1	\$371.00	\$371.00
<b>PERMIT FEE TOTALS:</b>						<b>\$579.00</b>

<b>PERMIT FEE ESTIMATE**</b>	<b>TOTAL FEE</b>
	<b>\$579.00</b>

\*\*SUBJECT TO CHANGE

DO NOT DUPLICATE

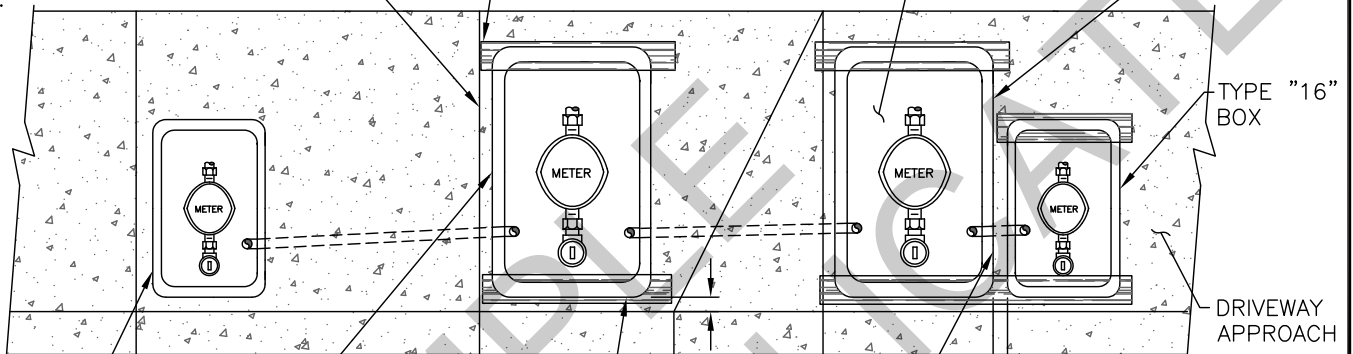


CONNECT NEW METER BOXES TO OTHER NEW AND EXISTING METER BOXES WITHIN 10 FEET WITH CONDUIT. SEE NOTES BELOW (TYP)

SAW CUT SIDEWALK AT NEAREST SAW CUT JOINTS. REMOVE AND REPLACE ENTIRE SIDEWALK SQUARE(S) IN KIND.

REDWOOD OR PRESSURE TREATED 2x4's UNDER SHORT OR LONG SIDES OF BOX (TYP). USE CONTINUOUS BOARDS UNDER ADJACENT BOXES.

FOR INSTALLATION IN DRIVEWAY APPROACH, USE TRAFFIC BOX. SEE TABLE BELOW.



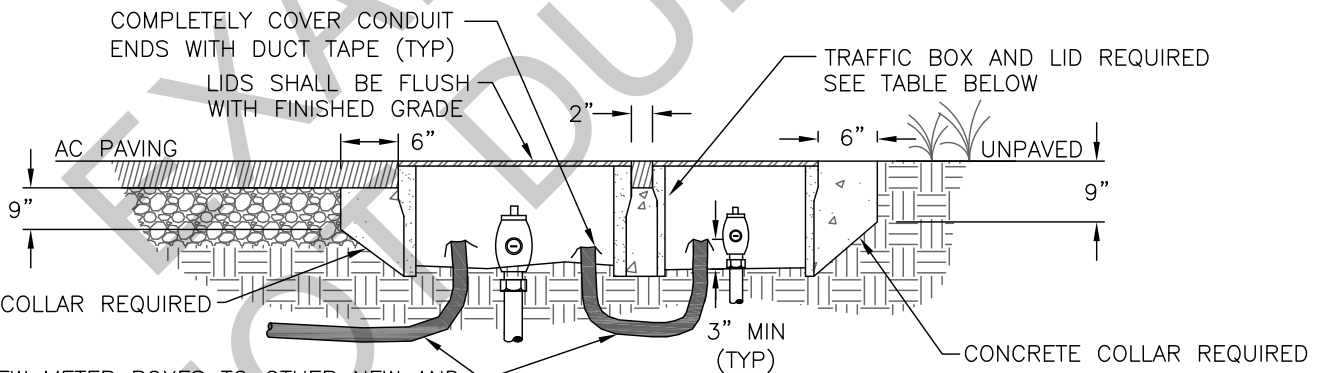
(E) METER BOX

EDGE OF METER BOX SHALL BE 2" BEHIND BACK OF CURB

ADJACENT METER BOXES SHALL BE 2" APART

FOR INSTALLATION BEHIND CURB USE NON-TRAFFIC BOX

**BEHIND-CURB INSTALLATION**




CONNECT NEW METER BOXES TO OTHER NEW AND EXISTING METER BOXES WITHIN 10 FEET WITH CONDUIT. SEE NOTES BELOW.

**INSTALLATION IN AREAS WITHOUT CURB**

BOX TYPE	NON-TRAFFIC	TRAFFIC
TYPE "16"	CHRISTY B16 BOX W/ B16D LID OR EQUAL	CHRISTY B1017 BOX W/ B1017-JH LID OR EQUAL
TYPE "36"	CHRISTY N36 BOX W/ FL36D LID OR EQUAL	CHRISTY B1730 BOX W/ B1730-51JH LID OR EQUAL

**NOTES**

1. INSTALL CONDUIT AS SHOWN WHEREVER METER BOXES ARE WITHIN 10' OF OTHER NEW OR EXISTING BOXES.
2. CONDUIT SHALL BE NON-METALLIC, FLEXIBLE, CORRUGATED CONDUIT.
3. WHERE CONDUIT CONNECTS LESS THAN 12 BOXES, CONDUIT SHALL BE 1/2" MINIMUM DIAMETER.
4. WHERE CONDUIT CONNECTS 12 OR MORE BOXES, CONDUIT SHALL BE 1" MINIMUM DIAMETER.
5. ELECTRONICS AND WIRING WILL BE FURNISHED AND INSTALLED BY CITY FORCES.



**CITY OF SANTA CRUZ**

WATER DEPARTMENT  
CITY OF SANTA CRUZ, CALIFORNIA

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**DETAIL 2**

METER BOX INSTALLATION

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NOT TO SCALE

*Kurt R. Luckenbach*

APPROVED

RCE 37391

BRASS CTS GRIP JOINT ANGLE  
METER STOP W/ LOCKING LUG.  
CENTER AT END OF BOX.

INSTALL METER BOX PER DETAIL 2. BOX TYPE  
PER TABLE BELOW. "WATER" SHALL BE  
IMPRINTED ON THE LID.

FLANGES OR THREADED METER  
FITTINGS PER TABLE BELOW

7"-9"

1"-2"

'a' - SEE  
TABLE BELOW

BEND TUBING OR INSTALL  
90° BRASS FITTING.

INSTALL  
CUSTOMER-OPERABLE  
BRASS FIP x FIP CURB  
STOP WITH HANDLE

CITY RESPONSIBILITY      CUSTOMER  
RESPONSIBILITY

CONSTRUCT LATERAL  
TRENCH PER DETAIL 14

BRASS OR SCH-80 PVC PIPE -  
EXTENDING BEYOND BACK OF  
WALK, PROPERTY LINE OR TO  
BACKFLOW PREVENTION DEVICE,  
WHICHEVER IS FURTHEST.

TYPE K SOFT COPPER TUBING.  
KINKED TUBING SHALL BE REJECTED.


STANDARD SERVICE  
CONNECTION PER  
DETAIL 1

**ELEVATION VIEW**

METER SIZE AND TYPE (ASSIGNED BY SCWD)	BOX TYPE (SEE DETAIL 2)	METER LENGTH, a
5/8" THREADED	"16"	7 3/4"
3/4" THREADED	"16"	7 3/4"
1" THREADED	"16"	11"
1 1/2" FLANGED	"36"	13"
2" FLANGED	"36"	15 1/4"

**NOTES**

- BRASS FITTINGS, VALVES AND PIPE SHALL CONSIST OF LOW-LEAD BRASS ALLOY AND SHALL HAVE A MINIMUM WORKING PRESSURE OF 150 PSI.
- METER WILL BE FURNISHED AND INSTALLED BY CITY FORCES
- A BACKFLOW PREVENTION ASSEMBLY SHALL BE INSTALLED PER DETAIL 8 IF REQUIRED BY THE ENGINEER.



**WATER DEPARTMENT**  
CITY OF SANTA CRUZ, CALIFORNIA

**DETAIL 5**  
**2-INCH AND SMALLER SERVICE  
INSTALLATION**

NOT TO SCALE

APPROVED *[Signature]*

RCE 37391

DRAWING No. 3714 A    REVISED DECEMBER 2009  
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**WATER DEPARTMENT**  
**Approved Water Service Installation Contractors List**

**Santa Cruz Water Department**

212 Locust Street, Suite C

Santa Cruz, CA 95060

Phone 831-420-5210

Fax 831-420-5201

[www.cityofsantacruz.com](http://www.cityofsantacruz.com)

COMPANY NAME	STATE LICENSE	ADDRESS	CITY	STATE	ZIP	OFFICE PH	FAX
Anderson Pacific Engineering Construction	#245215	1390 Norman Avenue	Santa Clara	CA	95054	408-970-9900	408-213-0532
Associated Plumbing	#577085	90 Leavesley Road	Gilroy	CA	95020	408-847-4406	408-847-1640
Basile Excavation & Grading	#888759	1758 King Street	Santa Cruz	CA	95060	831-345-8056	
Bindel Bros. Grading & Backhoe Services, Inc.	#668920	1104 Madison Lane	Salinas	CA	93907	831-754-1490	831-754-1491
Don Chapin Company, Inc.	#406512	560 Crazy Horse Canyon Road	Salinas	CA	93907	831-449-4273	831-449-0700
Durden Construction, Inc.	#523203	PO Box 966	San Juan Bautista	CA	95045	831-623-1200	831-623-1201
E&S Trucking Company	#713788	1770 El Rancho Drive	Santa Cruz	CA	95060	831-438-7940	831-438-8000
Earthworks	#807689	310A Kennedy Drive	Capitola	CA	95010	831-475-1223	831-475-1173
George H. Wilson, Inc.	#950443	PO Box 1140	Santa Cruz	CA	95061	831-423-9522	831-423-9903
Granite Construction	#89	PO Box 720	Watsonville	CA	95077	831-763-6100	831-761-1042
Graniterock Company	#22	120 Granite Rock Way	San Jose	CA	95136	408-574-1400	408-365-8349
Johnson & Company	#794964	600 Calabasas Road	Watsonville	CA	95076	831-722-8452	
Lindex Excavating	#654201	2725B S. Rodeo Gulch Road	Soquel	CA	95073	831-462-5519	831-462-5519
Reber Construction	#461535	PO Box 273	Santa Cruz	CA	95061	831-429-9777	831-429-0102
Sanco Pipeline, Inc.	#160382	727 University Avenue	Los Gatos	CA	95032	408-377-2793	408-354-7599
Santa Cruz Underground Paving	#863687	PO Box 699	Aptos	CA	95001	831-688-1382	831-722-3127

Revised October 2021



SANTA CRUZ COUNTY OFFICE OF EDUCATION

www.santacruzcoe.org

CERTIFICATION OF PAYMENT OF DEVELOPER FEES

(Bonny Doon, Live Oak, Mountain, Pacific, Santa Cruz City, San Lorenzo Valley and Soquel School Districts)

\*\*Developments in the Live Oak School District MUST have a signature of a District representative in part III PRIOR to certification at the County Office of Education. Call Live Oak for more information.\*\*

PART I: To Be Completed by Developer:

Name: [Redacted] Daytime Telephone #: [Redacted]

Mailing Address: [Redacted] (Street) (City) (State) (Zip)

Date: Jan 19 2023 Signature: [Redacted]

PART II: To Be Completed by Planning/Building Department:

APN #: [Redacted] Application #: B-216568

Job Address: [Redacted]

Type of Construction: New [X] Addition [ ] Street City Zip

Project Square Feet: ADU 1,000

Credit for Removed: 0

Sq. Ft. of Like Kind: 0

TOTAL ADJUSTED SQ. FT.: 1,000

Senior Citizen Project: Yes [ ] No [X] (Civil Code Section 51.3 and Health/Safety Code 1569.2)

I CERTIFY THAT ALL DOCUMENTS HAVE BEEN FILED WITH THE PLANNING/BUILDING DEPARTMENT.

Authorized Representative (Signature): Bob Colacino Date: 1-13-2023

Authorized Representative (Printed Name): Bob Colacino Agency: County Planning

PART III: To Be Completed by Live Oak School District (If Applicable)

Collection of Mitigation Fees (Mello-Roos) N/A

Fees Collected by School District Official: Signature: [Redacted] Date: 1/18/23 Printed Name: [Redacted]

PART IV: To Be Completed by the County Office of Education

400 Encinal St., Santa Cruz, CA 95060 Telephone (831) 466-5600

[ ] Exempt: 500 Sq. Ft. or less [ ] Senior Housing Rate

The Live Oak School District

School District has received: \$ 2,050 Check Number: 2379

From [Redacted] covering the construction of

1,000 Square feet of Residential Construction.

Authorized Representative - Signature: [Redacted] Date: 1-18-23 Printed Name: [Redacted]

\*\*\*Form must be validated by Santa Cruz County Office of Education Seal\*\*\*

You have 90 days from date of payment of these fees to file a protest against the imposition of these fees. (Government Code Sec. 66020) Fees paid shall be used for the construction or reconstruction of school facilities.

Distribution: (White) Developer; (Green) Planning Department; (Yellow) County Office of Education; (Pink/Goldenrod) School Districts Revised 09/18 (1000 printed)



### Step 3: Confirmation and Receipt

## Result: Payment Authorized

Confirmation Number: [REDACTED]

Your payment has been authorized successfully and payment will be processed.

Santa Cruz County Central Fire District thanks you for your payment. For questions about your account, please call 831-479-6842 Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

#### My Bills

Description	Amount
Plan Reviews payment of \$350.00 on APN Number [REDACTED]	\$350.00

#### Customer Information

First Name: [REDACTED]  
Last Name: [REDACTED]  
Address Line 1: [REDACTED]  
Address Line 2: [REDACTED]  
City: [REDACTED]  
State: [REDACTED]  
Zip Code: [REDACTED]  
Phone Number: [REDACTED]  
Email Address: [REDACTED]

Subtotal:	\$350.00
Convenience Fee:	\$7.88
<b>Total Payment:</b>	<b>\$357.88</b>

#### Payment Information

Payment Date: 01/18/2023  
Card Type: [REDACTED]  
Card Number: [REDACTED]

DO NOT DUPLICATE