



Condition Compliance Reimbursement Agreement

County of Ventura • Resource Management Agency • Planning Division

800 South Victoria Avenue, Ventura, CA 93009 • 805 654-2457 • <http://www.ventura.org/rma/planning>

Permit No.

I, _____, the undersigned, hereby authorize the County of Ventura to initiate Condition Compliance review in accordance with the Ventura County Ordinance Code. I am depositing \$ _____ to pay for County staff coordination and review costs related to periodic Condition Compliance review for the above-referenced permit based on actual staff time expended. **In making this deposit, I acknowledge and understand that the deposit may only cover a portion of the total costs. Actual costs for staff time are based on hourly rates, which I understand are in the most current fee schedules of each county agency.**

I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Staff time from County of Ventura departments and agencies spent processing my Condition Compliance review will be billed against the deposit. ***“Staff time” includes, but is not limited to, time spent reviewing permit files and exhibits, site visits, responding by phone or correspondence to inquiries from the applicant, the applicant’s representatives, neighbors, interested parties and complainants, inspections, attendance and participation at meetings, and preparation of notices or other correspondence.***
2. **If costs exceed the deposit, I will receive periodic invoices payable upon receipt.**
Please initial to show you have read condition 2. _____
3. If the final cost is less than the deposit fee, the unused portion of the deposit will be refunded to me.
4. If the final cost is more than the deposit fee, **I agree to pay the difference according to the terms set by the County.**
5. If I fail to pay any invoices, I understand that my land use permit is subject to revocation. In addition, work on any subsequent or concurrent permit applications will cease until all unpaid fees are paid in full.
6. Fees are due and payable within 30 days of billing. Invoices unpaid after thirty (30) days will incur a 2% late fee, compounded monthly.
7. I may, in writing, request a further breakdown or itemization of invoices, but such a request is independent of the payment obligation and time frames.
8. I agree to pay all costs related to permit condition compliance review as specified in any conditions of approval for my permit/entitlement.

Name of Property Owner(s) or Corporate Principal (please print):

Driver's License Number:

Phone Number:

Name of Company or Corporation (if applicable):

If a Corporation, please attach a list of the names and titles of Corporate officers authorized to act on behalf of the Corporation

Mailing Address of the Property Owner(s) or Corporation/Company:

Signature:* _____

Date: _____

Signature:* _____

Date: _____

***ATTENTION — The property owner (or Corporate principal) will be held responsible for all charges.**

Wireless Communication Facility and Oil and Gas Conditional Use Permits Only

Name of Permittee (please print):

Driver's License Number:

Phone Number:

Name of Company or Corporation (if applicable):

Site Number:

Mailing Address of the Permittee:

Signature: _____

Date: _____