

COUNTY OF SAN LUIS OBISPO DEPARTMENT OF PLANNING & BUILDING

ACT-1007 06/14/2021

Addendum to Cost Accounting Agreement

ADDENDUM TO COST ACCOUNTING AGREEMEN	T ORIGINALLY DATED
Permit Number:	
Site Address:	Zip:
Applicant Name:	Email:
Landowner Name:	Email:
Agent Name:	Email:
Billing Contact Name:	Email:
Billing Address:	Zip:
 It has been determined that your application has been reclassified as a: [enter work class / type of pe Your original permit/plan number was: 	[enter work class / type of permit or plan]
Your revised permit/plan number is:	
Your original Fee/Deposit Amount was:	\$
Your revised Fee/Deposit Amount is:	\$
Any remaining deposit / balance due from the the revised permit/plan number	e original permit/plan number will be transferred to

Except as identified above, no other terms or conditions of the cost accounting agreement shall be negated or changed as a result of this addendum. Per your original cost accounting agreement, the Department will follow the cost accounting recovery process, wherein costs will be subtracted from deposits made, and will be invoiced should the deposit be exceeded.

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Applicant's Signature:	Date:
Landowner's Signature:	Date: