



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
Cost Accounting Agreement

ACT-1001
2/05/2021

Application Type: [] Land Division [] Land Use Permit [] Construction Permit

Permit Number: _____
Applicant Name: _____ Email: _____
Agent Name: _____ Email: _____
Site Address: _____ Zip: _____
Billing Address: _____ Zip: _____

The cost of processing the application for the project referenced above may exceed the filing fee. In order to recover any additional costs associated with processing your application, the Department of Planning and Building finds it necessary to implement the "real time billing" method, a provision of the County Fee Resolution that enables full cost recovery for application processing.

The filling fee paid in your permit's initial total will be applied as a deposit toward your real time billing account. All processing costs will be documented, and any exceeding the filing fee, will be billed to you monthly.

I, _____, the landowner and/or responsible applicant, agree that actual recorded costs plus overhead incurred in the processing of this application will be paid to the County of San Luis Obispo, c/o County of San Luis Obispo Department of Planning and Building, 976 Osos St. RM 300, San Luis Obispo, CA, 93408. I also understand that if payment on any billings prior to final action is not paid within thirty (30) days, I agree that processing of my application(s) will be suspended until payment is received. In the event of default, I agree to pay all costs and expenses incurred by the County in securing performance of this obligation.

In order to implement the cost accounting provision, please sign this statement indicating your agreement to the cost accounting procedure. This signed agreement is required for your application to be accepted for processing. If you have questions regarding your application, please contact your case planner. For information regarding the financial status of your account, please contact the Accounting section of the Department of Planning and Building.

Applicant's Signature: _____ Date: _____