

TOWN OF PORTOLA VALLEY

APPLICATION FOR EXCEPTION



FEE _____ DEPOSIT _____

DATE _____

PROPERTY OWNER: _____

ADDRESS OF PROJECT: _____ APN: _____

MAILING ADDRESS IF DIFFERENT: _____

OWNER TELEPHONE: Work: _____ Home: _____

Fax: _____ Email: _____

ARCHITECT: _____

MAILING ADDRESS: _____

TELEPHONE: _____ Fax: _____

Email: _____

PROJECT DESCRIPTION: _____

REQUESTED EXCEPTION: _____

I, the undersigned, do hereby certify that the facts and information contained in this application are accurate and complete to the best of my knowledge. I declare under penalty of perjury that the foregoing is true and correct.

Executed at _____, California on _____ (date).

Signature of agent or owner



TOWN OF PORTOLA VALLEY PLANNING DEPARTMENT

Statement of Understanding

PLEASE COMPLETE, SIGN AND RETURN WITH YOUR APPLICATION
This must be signed by the property owner.

In signing this Statement of Understanding in conjunction with the attached application of the
Town of Portola Valley for _____
(location of property)

I understand that charges for Town professional staff and consultant time spent processing this application will be based on an hourly rate and that costs necessary to process the application will be billed to me. Consultant charges are based on actual costs. Further, I understand that, in addition to an application fee, there is an initial deposit that these charges will be billed against. If my deposit is reduced to less than 30 percent of the original deposit, I understand I will be asked to increase the deposit to its initial amount. If the final costs are less than the deposit, the unused portion will be returned to me at the conclusion of the process.

I understand that if my deposit remains at or below 30 percent of the original deposit more than 10 calendar days after receipt of notice from the Town to increase the deposit, the Town will stop all processing of the application and will withhold any permits, except as necessary to meet statutory deadlines for action on the project.

If on-going costs ever exceed the deposit, I understand I will be billed for the additional charges at actual cost. I understand that payment is due upon receipt of billing.

I understand that money remaining in the deposit account will be returned to me, upon approval of the warrant list, following completion of the project. The account will remain open until all payment of invoices have been received from applicants; and:

- a. *Subdivisions* – when final maintenance bond is released by the Town or when all conditions of approval are fulfilled, whichever is later (the deposit may be reduced for subdivisions when a maintenance surety is placed with the Town).
- b. *All other applications* – when the Town issues final building inspection clearance, or when work for which the permit was issued is satisfactorily completed.
- c. *If application is denied* – after the appeal period has ended or processing of the appeal is completed.
- d. *If application is withdrawn* – following completion of any remaining staff work on the application.

I assume full responsibility for all costs incurred by the Town and outside consultants in processing this application including, but not limited to charges by the Town Engineer, the Town Geologist, the Town Planner, and the Town Attorney. I understand that I am responsible for payment of the costs involved with this application even though the property or project may be sold or assigned to other parties. It is my responsibility to have this agreement replaced by a new agreement if payment responsibility is to be transferred to another party.

The following are **examples** of billable tasks performed by various staff or consultant personnel. This list is not intended to be complete.

- | | |
|-----------------------|--|
| -- informal meetings | -- scheduling |
| -- formal meetings | -- action letters |
| -- posting | -- counter or telephone explanations |
| -- neighbor inquiries | -- consultant review of issues and documents |
| -- report preparation | -- consultant preparation of documents |
| -- noticing | -- condition enforcement |
| -- permit issuance | -- site visits |
| -- referral inquiries | -- actions related to violations |
| -- plan check | -- building inspections |

NAME AND CURRENT MAILING ADDRESS OF PERSON TO BE BILLED:

DATE: _____

PRINT NAME: _____

SIGNATURE: _____

ADDRESS: _____

PHONE: _____