



8401 Laguna Palms Way • Elk Grove, California 95758

Tel: 916.683.7111 • www.elkgrovecity.org

Development Services

Building Safety & Inspection (916) 478-2235
Planning (916) 478-2265
Development Engineering (916) 627-3436

Project Billing Information Form

The information provided in this form shall serve to notify the City of Elk Grove that I/we am/are the legal owner(s) of the property listed below and hereby authorize the person/firm to represent my/our interests with regards to the Project/Permit listed below:

Project Name: \_\_\_\_\_ Related Project No.: \_\_\_\_\_

Project Location: \_\_\_\_\_ APN: \_\_\_\_\_

I agree to take full financial responsibility for all costs accrued by the City for the overall daily management of my project, which ensures that all codes, laws, standards, and permits are enforced. This may include and is not limited to: plan/map reviews and revisions, traffic control plans, SWPPP inspections, construction inspections, encroachment permits, traffic studies, call routes, monument verification inspections, and administrative support. The financial responsibility accepted herein shall continue in full force and effect until the project is completed and all amounts due to the City are paid in full, or until such time that I instruct the City in writing to cease all work on the project, at which time all amounts due to the City shall become due and payable in accordance with this agreement.

I am aware that I may receive an invoice for my account, but that no invoices will be sent for a typical fixed fee project. I shall pay finance charges for the unpaid balance at a percentage rate established by City policy. All payments are due upon receipt. If I feel that I have been invoiced in error, I will contact the City within 45 days. I understand that if I do not contact the City within 45 days, all charges are my financial responsibility. The City reserves the right to stop their work and/or my work on this project for unpaid balances and all charges must be paid prior to project approval. If I sell or option this property, I will disclose the terms of this statement and provide the City with new billing information. If I fail to do this, I will continue to be financially responsible for all future costs related to this project and shall be responsible for any unpaid balance accrued during ownership of the property. I agree to notify the City within 5 business days following any change in ownership or applicant, and any change that materially affects the ownership or applicant, including bankruptcy. I understand that even though there may be a change in the ownership or applicant for this project, I remain fully responsible for all amounts owed to the City for this project in accordance with this agreement.

In consideration of the granting of this Application, it is agreed by the Applicant/Owner that the Applicant/Owner shall indemnify, protect, defend, and hold harmless the City, its officers, officials, employees, agents and volunteers from and against any and all claims, damages, demands, liability, costs, losses and expenses, including without limitation, court costs and reasonable attorneys' and expert witness fees, arising out of any failure to comply with applicable law, any injury to or death of any person(s), damage property, loss of use of property, economic loss or otherwise arising out of any activity undertaken under the terms of this Application and the permit or permits which may be granted in response thereto, and that all of said liabilities are hereby assumed by the Applicant/Owner. It is further agreed that if any part of the activity interferes with the further use of the highway/roadway it must be removed or relocated immediately, as designated by the Director of Public Works, at the expense of the Applicant/Owner.

\*If an authorized agent, you will need to attach the Letter of Authorization form.

Owner's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_
Applicant's or Authorized Agent's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Owner Information (Note: Invoices are mailed to the owner of the project):**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information, if different from owner:**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: Applicant will need to check on fees and separate submittal requirements to other Public Agencies, please refer to the Utility Representative Contact List ([www.egpublicworks.org](http://www.egpublicworks.org)).**

**Description of work to be done:**

\_\_\_\_\_  
\_\_\_\_\_

**Submittal Information (For City Use Only)**

Date Created: \_\_\_\_\_ IP Number: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ FM/PM Number: \_\_\_\_\_

Received By: \_\_\_\_\_ CM Number: \_\_\_\_\_

**DEPOSIT -T&M**

**FLAT FEES**