Project Number:_____

COUNTY OF YUBA
DEPARTMENT OF PUBLIC WORKS
915 8TH Street, Suite 125
Marysville, CA 95901
(530) 749-5420

AGREEMENT TO PAY FORM

In addition to the initial Base Fee, fees for services are billed to the applicant at an hourly rate for "Time Based Fees" pursuant to Yuba County Resolution 13.00.062. This form must be signed and original signatures submitted to the Yuba County Public Works Department along with the fee in order for services to begin. Applicant hereby grants Yuba County Public Works authority to utilize outside consultants and to bill the applicant/owner for the services provided by outside consultants as determined by their rates.

Any person acting on behalf of the property owner for the work referenced below may be requested to present documentation demonstrating themselves as representatives. This may include Power of Attorney, a notarized statement from the property owner or a copy of a contractual arrangement.

The herein fees are intended to compensate the Yuba County Public Works Department for staff time and consultant time spent on the applicant's project.

I/We understand that the Yuba Public Works Department will bill as services are rendered, and I/We agree to pay such billing within thirty (30) days of the mailing of such billing for the project. I/We understand that until the Yuba County Public Works Department receives written notification of a change in property ownership I/We am/are responsible to pay such billing. I/We further understand that if billing is not paid prior to the expiration as specified in the "15 Day Notice" that all services by the Yuba County Public Works Department will cease for this project.

SITE INFORMATION	BILLING INFORMATION
APN:	Project Name:
Property Owner/Business Name:	Name:
Address:	Address:
Telephone:	Telephone:

I declare under penalty of perjury that I am the property owner or that I am authorized to enter into this fee agreement on his/her behalf. I have read the conditions concerning Yuba County Public Works Department Fees and I understand that in the event that the billing party I have indicated does not pay required fees, I will be responsible for payment. I further agree to advise the department in writing should I no longer be associated with the above referenced project/property, rendering this agreement invalid as of the date that the letter is received by the Yuba County Public Works Department, and to notify the Yuba County Public Works Department who the new responsible party is.

_____ *Dated:*_____ *CDL#*_____
Signature

_____ *Telephone # :*_____
Printed Name