

YUBA CITY UNIFIED SCHOOL DISTRICT

425 PLUMAS BLVD., SUITE 200

YUBA CITY, CA 95991

(530) 822-7673

CERTIFICATION OF COMPLIANCE - SCHOOL DISTRICT DEVELOPMENT IMPACT FEES

PART I TO BE COMPLETED BY APPLICANT

Property Owner's Name: _____

Owner's Address: _____

Project Address: _____

Assessor's Parcel No.: _____ Subdivision Name: _____

Phone No.: _____ Lot No.: _____ Located in City or County: _____

TYPE OF CONSTRUCTION:

Residential Construction: _____ Single Family Dwelling: _____

Residential Reconstruction: _____ Multiple Family Dwelling: _____

Commercial/Industrial Construction: _____ No. of Units: _____

Commercial/Industrial Reconstruction : _____ Mobile Home: _____

TOTAL NUMBER OF SQUARE FEET: _____

THIS CERTIFICATION COVERS ONLY THE AMOUNT OF SQUARE FOOTAGE INDICATED ABOVE. ANY ADDITIONS OR CORRECTIONS TO THE SQUARE FOOTAGE FOR THE PROJECT WILL REQUIRE AN AMENDMENT TO THE CERTIFICATION OF COMPLIANCE. FALSIFICATION OF THE SQUARE FOOTAGE AND/OR TYPE OF CONSTRUCTION IS CAUSE FOR REVOCATION OF THE CERTIFICATION OF COMPLIANCE. THE CERTIFICATION IS VALID FOR SIX MONTHS FROM DATE OF CERTIFICATION, AFTER WHICH TIME ANY CHANGES WILL BE SUBJECT TO FEES IN EFFECT AT THE TIME OF CHANGE.

NOTICE: PURSUANT TO ASSEMBLY BILL 3081 (CHAP 549, STATS. 1996), THIS WILL SERVE TO NOTIFY YOU THAT THE 90-DAY PERIOD IN WHICH YOU MAY PROTEST THE FEE OR OTHER PAYMENT IDENTIFIED BELOW WILL BEGIN TO RUN FROM THE DATE THE FEE IS PAID TO THE DISTRICT, UNLESS THE FEE WAS IMPOSED BY A CITY OR COUNTY AS A CONDITION OF YOUR PROJECT'S APPROVAL, IN WHICH CASE, THE 90 DAY PROTEST PERIOD BEGAN AT THE TIME YOUR PROJECT WAS APPROVED.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please Print) _____

PART II TO BE COMPLETED BY SCHOOL DISTRICT

Certification of Compliance No. (Receipt No.): _____

Fees Collected: Residential: Square Footage _____ x \$ 4.08 = \$ _____

Fees Collected: Comm/Indust.: Square Footage _____ x \$.66 = \$ _____

Exempt from Fees _____ For One of the Following Reasons:

_____ Mello-Roos Community Facilities District No. 1

_____ Reconstruction of 500 square feet or less

_____ Other (Explain) _____

AS THE AUTHORIZED SCHOOL DISTRICT OFFICIAL, I HEREBY CERTIFY THAT THE REQUIREMENTS OF GOVERNMENT CODE SECTION 65995 HAVE BEEN COMPLIED WITH BY THE ABOVE SIGNED APPLICANT.

District Official's Signature: _____

Title: _____ Date: _____

Copies: Original - School District Copy - Applicant Copy - Building Dept.