

Certification of Compliance

School District Development Fees

(Print or Type) If Printing, press hard for four copies

PART I To be completed by the APPLICANT (MUST BE FILLED OUT COMPLETELY)

OWNER'S NAME _____

OWNER'S ADDRESS _____

PROJECT ADDRESS _____

PARCEL NUMBER _____ LOT NO. _____

SUBDIVISION NAME _____

NUMBER OF UNITS _____

Upon payment of the fees listed below, a 90-day approval period commences upon which the applicant paying the fees may protest such fees. Any failure to file such protest within the 90-day period shall result in forfeiture of any rights to challenge such fees, through litigation or otherwise.

APPLICANT'S SIGNATURE _____ EMAIL _____

TITLE OF APPLICANT _____ PHONE NUMBER _____ DATE _____

PART II To be completed by BUILDING DEPARTMENT

PLAN IDENTIFICATION NUMBER _____

BUILDING TYPE:

NEW RESIDENTIAL () RESIDENTIAL ADDITION () APARTMENT/CONDOMINIUM ()

RESIDENTIAL ACCESSORY DWELLING UNIT () AGE RESTRICTED RESIDENTIAL ()

NEW COMMERCIAL/INDUSTRIAL () COMMERCIAL/INDUSTRIAL ADDITION ()

SQUARE FEET OF CHARGEABLE BUILDING AREA _____

NAME (PRINTED) _____ SIGNATURE _____

TITLE _____ PHONE NUMBER _____ DATE _____

PART III To be completed by SCHOOL DISTRICT

DISTRICT: ELK GROVE UNIFIED SCHOOL DISTRICT DISTRICT CERTIFICATE NO. _____

EXEMPT _____ COMMENTS _____

RESIDENTIAL _____ SQ FT X \$ _____ = \$ _____

AGE RESTRICTED RESIDENTIAL _____ SQ FT X \$ _____ = \$ _____

COMMERCIAL/INDUSTRIAL _____ SQ FT X \$ _____ = \$ _____

This Certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment to the Certificate of Compliance.

NOTICE: This Certificate of Compliance shall be valid for 60 days from the date of issuance by the District. You may submit a written request for no more than two (2) 60 day extensions if you are unable to obtain a building permit from the City/County due to good cause beyond your reasonable control. Any extension shall be granted by the District at its sole discretion.

As the authorized school district official, I hereby certify that the requirements of Government Code Section 65995 and any other authorized requirements have been complied with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

SIGNATURE _____

TITLE _____

AMOUNT PAID: \$ _____ CHECK # _____