

**CERTIFICATION OF COMPLIANCE 2019 – 2020 DEVELOPER
FEES PART I TO BE COMPLETED BY APPLICANT**

Applicant Name _____	Phone Number _____
Applicant Address _____	
Project Name/Location _____ Lot No. _____	
I am fully aware of my responsibility to coordinate the processing of this form and to contact the school districts listed below to find out about the basis for school impact fees, current fees, and fee increases or changes. I understand that completion of this form by Applicant, Building Department, and School Districts and payment of fees is required as a prerequisite to the issuance of building permit.	
Applicant Signature _____	Title _____ Date _____

PART II TO BE COMPLETED BY BUILDING DEPARTMENT

Plan Check/Permit No. _____	Parcel No.(s) _____					
<i>BUILDING TYPE (check appropriate boxes)</i>						
Residential: <input type="checkbox"/> New Residential Construction: _____ Sq.Ft	<input type="checkbox"/> Remodel/Addition/Expansion: _____ Sq.Ft					
<input type="checkbox"/> Tear-Down & Rebuild: _____ Sq.Ft (new)	_____ Sq.Ft (old)					
<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">Unit Type: (Circle)</td> <td style="text-align:center;">SF</td> <td style="text-align:center;">DUP/HP</td> <td style="text-align:center;">MF</td> <td style="text-align:center;">MH</td> </tr> </table>		Unit Type: (Circle)	SF	DUP/HP	MF	MH
Unit Type: (Circle)	SF	DUP/HP	MF	MH		
Non-Residential:						
<input type="checkbox"/> Commercial/Industrial: _____ Sq.Ft	<input type="checkbox"/> Off/Prof: _____ Sq.Ft					
<input type="checkbox"/> Other (Describe): _____ - Sq.Ft						
If Tear-Down & Rebuild: _____ Sq.Ft (old)						
Signature _____	Title _____ Date _____					

PART III TO BE COMPLETED BY SCHOOL DISTRICT

School impact fees are subject to change upon approval by respective school district board. Current rate in effect applies at time of payment. Payment of these fees is a prerequisite to the issuance of a building permit.

Placer Union High School District – Del Oro HS	
Application Number _____	
FEES COLLECTED (check applicable box)	
Residential Fee	Check # _____
Ed. Code §17620/Gov. Code §65995, et seq. Fee	
\$3.20 x _____ sq.ft.	= \$ _____
<input type="checkbox"/> Mutual Benefit Agreement (in lieu of school impact fees)	
Amount collected	\$ _____
Commercial/Industrial Fee	Check # _____
Ed. Code §17620 Fee	
24.4¢ x _____ sq.ft.	= \$ _____
Self Storage: 6.8¢ x _____ sq.ft.	= \$ _____
<input type="checkbox"/> Exempt (Reason): _____	

Newcastle Elementary School District	
Application Number _____	
Method of Payment:	CASH CHECK, # _____
FEES COLLECTED (check applicable box)	
Residential Fee	
Ed. Code §17620 Fee	
\$2.02 x _____ sq.ft.	= \$ _____
Other (explain below)	
_____ = \$ _____	
Commercial/Industrial Fee	
Ed. Code §17620 Fee	
32¢ x _____ sq.ft.	= \$ _____

NOTICE: Pursuant to Government Code section 66020(d), Applicant has a period of 90 days from the date of issuance of this Certificate of Compliance to protest the imposition of these fees.

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 Certification of Compliance. As an authorized school district official, I hereby certify that the requirements of Educational code Section 17620 and Government Code Section 65995, et seq. have been compiled with by the above signed applicant.

AUTHORIZED SCHOOL DISTRICT OFFICIAL

Placer Union High School District

Newcastle Elementary School District

GEORGE S. SZIRAKI, JR. Ed.D-Superintendent

District Representative

Date

Name

Date