



Reimbursement Agreement for Appeal Processing

County of Ventura • Resource Management Agency • Planning Division

800 S. Victoria Avenue, Ventura, CA 93009-1740 • (805) 654-2488 • www.vcrma.org/divisions/planning

APPEAL NUMBER:

Coastal Appeal Non Coastal Appeal Violation Appeal Non Violation
 Appeal Subdivision Ordinance

I, _____, the undersigned, hereby authorize the County of Ventura to process the above referenced permit request in accordance with the Ventura County Ordinance Code. I am depositing \$ _____ to pay for County staff review, coordination and processing costs related to my permit request based on actual staff time expended. **In making this deposit, I acknowledge and understand that the deposit may only cover a portion of the total processing costs. Actual costs for staff time are based on hourly rates, which I understand are in the most current fee schedules of each county agency. I also understand that these costs apply even if the appeal is withdrawn or not upheld.** This deposit is (check one):

the ***billing limit*** as set forth in the adopted Fee Schedule applicable at the time the appeal application is submitted (_____); ***Or***

a ***deposit*** without a billing limit for an appeal associated with a violation (_____).

I understand and agree to the following terms and conditions of this Reimbursement Agreement:

1. Staff time from some County of Ventura departments and agencies spent processing my request will be billed against the deposit. ***“Staff time” includes, but is not limited to, time spent reviewing application materials, site visits, responding by phone or correspondence to inquiries from the applicant, the applicant’s representatives, neighbors, interested parties, attendance and participation at meetings and public hearings, and preparation of staff reports and other correspondence.***
2. If the final cost is less than the deposit fee, the unused portion of the deposit will be refunded to me.

The following only apply to Appeals associated with Violations:

3. **If processing costs exceed the deposit, I will receive periodic invoices payable upon receipt.**
4. If the final cost is more than the deposit fee, **I agree to pay the difference according to the terms set by the County.**
5. Fees are due and payable within 30 days of billing. Invoices unpaid after thirty (30) days will incur a 2% late fee, compounded monthly.
6. If I fail to pay any invoices within 30 days of the billing, the County may either stop processing my permit application, or after conducting a hearing, deny my permit request altogether. If I fail to pay any invoices after my application is granted, I understand that my permit is subject to revocation. Any work on any subsequent or concurrent permit applications will cease until all unpaid fees are paid in full.
7. I agree to pay the County of Ventura the cost of placing a legal advertisement (if one is required) in a newspaper of general circulation as required by state law and local ordinance.

8. I may, in writing, request a further breakdown or itemization of invoices, but such a request is independent of the payment obligation and time frames.

Name of Appellant:

Driver's License Number:

Phone Number:

Name of Company or Corporation (if applicable):

If a Corporation, please attach a list of the names and titles of Corporate officers authorized to act on behalf of the Corporation.

Mailing Address of Appellant:

Signature:* _____ Date: _____

***ATTENTION — For appeals of projects located within the non-coastal zone that are unrelated to a violation, appellants who are also the project applicants will be responsible for all charges.**

Appeal Fee for Non-Coastal Projects Unrelated to a Violation						
Appellant	Withdrawn	Denied	Upheld	Appellant Deposit	Applicant Share of Cost	Billing Limit
Non-Applicant	X			Refund of any unspent deposit funds	Up to \$1000 if appellant deposit is not sufficient	\$1000 for Appellant \$1000 for Applicant
		X		No refund unless unspent deposit funds, if any		
			X	Refund full amount of deposit		
Applicant	X			Refund of any unspent deposit funds	100%	No Billing Limit
		X		No refund unless unspent deposit funds, if any	100%	
			X	Refund full amount of deposit	None*	

*If upheld in part, the decision-making body hearing the appeal will determine how much of the costs will be refunded.