



COUNTY OF SAN LUIS OBISPO
DEPARTMENT OF PLANNING & BUILDING
Cannabis Cost Accounting Agreement

ACT-1001C
8/21/2021

Cannabis Application Type: **Land Use** **Construction**

Land Use Permit Number:

Construction Permit Number:

Project Site APN(s):

Project Site Address:

Applicant name:

Email:

Phone Number:

Landowner Name:

Email:

Phone Number:

Agent Name:

Email:

Phone Number:

Billing Contact Name:

Billing Mailing Address:

Cannabis Cost Accounting Agreement

The cost of processing the application for the project referenced above may exceed the filing fee. In order to recover any additional costs associated with processing your application, the Department of Planning and Building finds it necessary to implement the "real time billing" method, a provision of the County Fee Resolution that enables full cost recovery for application processing.

The filing fee paid in your permit's initial total will be applied as a deposit toward your real time billing account. All processing costs will be documented, and any exceeding the filing fee, will be billed to you monthly.

I, _____, the responsible applicant, agree that actual recorded costs plus overhead incurred in the processing of this application will be paid to the County of San Luis Obispo, c/o County of San Luis Obispo Department of Planning and Building, 976 Osos St. RM 300, San Luis Obispo, CA, 93408. I also understand that if payment on any billings prior to final action is not paid within thirty (30) days, I agree that processing of my application(s) will be suspended until payment is received. In the event of default, I agree to pay all costs and expenses incurred by the County in securing performance of this obligation.

Pursuant to County Code section 22.40.040.G., I, _____, the

Landowner of _____ (property description), agree to be held jointly and severally liable for all fees associated with this land use permit application.

In order to implement the cost accounting provision, please sign below indicating your agreement to the cost accounting procedure. This signed agreement is required for your application to be accepted for processing. If you have questions regarding your application, please contact your case planner. For information regarding the financial status of your account, please contact the Accounting section of the Department of Planning and Building.

I, the undersigned, also affirm that, under penalty of perjury, the information contained within and submitted with this Cannabis Cost Accounting Agreement is complete, true and accurate.

Applicant Name
(printed)

Applicant Signature

Date

Landowner's Name
(Printed)

Landowner Signature

Date