

TRANSFER OF OWNERSHIP Information Sheet

GENERAL INFORMATION

A transfer of ownership application is required to be submitted to the County to document the transfer of ownership OR name change of any mining operation.

FEES

Based on the assigned staff weighted rate and time to verify and process change. **Deposit \$745**

PROCEDURES

1. Submit application.
2. Staff will invoice you once it has been determined that all required documents have been submitted.
3. Staff will review the application submittal and notify you of any corrections and/or additional items needed.
4. If submittal documents are complete, staff will approve the transfer of ownership and provide notice to the Department of Conservation, Division of Mine Reclamation.

SUBMITTAL MATERIALS CHECKLIST

- Signed and notarized copy of Statement of Responsibility
- Signed and notarized financial assurance mechanism replacement (*original document must be provided to our office*)
- Copy of recorded grant deed for each lot, parcel, patented or unpatented claim.
- Notarized copy of agreement, if property is leased.
- If this is a NAME CHANGE ONLY, a copy of the recorded DBA notating old name and new name.



Inyo County Planning Department
168 North Edwards Street
Post Office Drawer L
Independence, California 93526

Phone: (760) 878-0263
FAX: (760) 872-2712
E-Mail: InyoPlanning@inyocounty.us

REQUIRED SUBMITTALS FOR NEW OR UPDATED LLC / CORPORATE OPERATORS

(Items 1–7 must be submitted as a complete package)

1. Notarized Statement of Responsibility

Submit a **completed and notarized** Inyo County **Statement of Responsibility (LLC/Corporation)** form.

The form must clearly identify:

- Legal name of the entity
- Entity type (LLC or Corporation)
- Mine ID, CUP number, and/or Reclamation Plan number
- Name and title of the authorized signatory

Incomplete or non-notarized forms will not be accepted.

2. Formation and Registration Documents

Submit copies of the entity's official formation documents:

- **LLC:** Articles of Organization
- **Corporation:** Articles of Incorporation

If the entity is formed outside California, submit documentation showing the entity is **qualified to do business in California**.

3. Proof of Active Status / Good Standing

Submit current documentation from the applicable Secretary of State confirming the entity is:

- Active, and
- In good standing

4. Proof of Authority to Sign

Submit documentation demonstrating that the individual signing the Statement of Responsibility is legally authorized to bind the entity.

Acceptable documentation includes **one or more** of the following:

- Operating Agreement (LLC) showing signatory authority
- Corporate or LLC Resolution authorizing the signatory
- Certificate of Authority executed by the entity

Confidential financial terms may be redacted; authority and signature provisions must remain visible.

5. Operator Designation and Acceptance of Responsibility

Submit a signed statement acknowledging that the entity:

- Is the operator of the mining operation, and
- Assumes responsibility for compliance with the approved CUP, Reclamation Plan, SMARA requirements, and all applicable permit conditions

The statement shall identify the effective date of operator responsibility.

6. Evidence of Legal Right to Operate on the Site

Submit documentation demonstrating the entity's legal right to operate on the property, such as:

- Deed, lease, or option agreement
 - Authorization from the landowner
 - Applicable federal or agency authorization (if on public land)
-

7. Financial Assurance Responsibility

Submit documentation demonstrating that the operator is properly linked to the required **Financial Assurance Cost Estimate (FACE)** and **Financial Assurance Mechanism (FAM)**, including:

- Financial assurance instruments in the legal name of the operator, or
- Documentation showing the process and timeline for transfer or replacement of existing instruments

Failure to properly establish financial assurance responsibility may result in enforcement action.

SUBMITTAL REQUIREMENTS

- All items must be submitted **together as a complete package**
- Incomplete submittals will not be processed
- Additional information may be required if the documentation is unclear or inconsistent

STATEMENT OF RESPONSIBILITY FOR NEW OPERATOR OF RECORD

For Corporations and Limited Liability Companies
Reference: Public Resources Code Sections 2773.1(c) and 2772(c)(10)
Revised 11/15/16

MINE NAME: _____ CALIFORNIA MINE ID #: 91- _____

LEAD AGENCY: _____ CONDITIONAL USE PERMIT #: _____

DATE OF SALE OR TRANSFER: _____

As of the date of sale or transfer noted herein, _____ [Entity Name] is the new operator of the surface mining operation referenced above, and pursuant to Public Resources Code sections 2773.1, subdivision (c), and 2772, subdivision (c)(10), _____ [Entity Name] accepts responsibility for reclaiming the mined lands in accordance with the reclamation plan approved by the _____ [Lead Agency] on _____ [date], including all amendments.

Check one:

<input type="checkbox"/>	Pursuant to Public Resources Code section 2773.1, subdivision (c), a financial assurance mechanism that is at least equal to the lead agency approved financial assurance cost estimate dated _____ has been posted on behalf of the new operator of record.	Date Posted: _____
	Mechanism Type (check one) <input type="checkbox"/> Surety Bond <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Other: _____	

or

<input type="checkbox"/>	Pursuant to Public Resources Code section 2773.1, subdivision (c), a financial assurance mechanism, that is at least equal to the lead agency approved financial assurance cost estimate dated _____ will be posted by _____ [date] on behalf of the new operator of record.	
	Mechanism Type (check one) <input type="checkbox"/> Surety Bond <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Other: _____	

I _____ [print name], certify that I am authorized by _____ [Entity Name] to sign this Statement of Responsibility on its behalf and to submit this information to the Department of Conservation and _____ [Lead Agency] and that the information stated herein is true and accurate.

Printed Name of Responsible Party

Signature of Responsible Party

Date

FOR DEPARTMENT USE ONLY (completed by staff after approval of project)	
SMARA Database Entry Date	Analyst Initials

CHANGE OF ADDRESS FORM

For Corporations and Limited Liability Companies
Revised 11/15/16

MINE NAME: _____

CALIFORNIA MINE ID #: 91- _____

New Operator Business Structure: (check one)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company
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NEW OPERATOR OF MINING OPERATION

1. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

OWNER OF MINING OPERATION

Same as
#1

2. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

ON-SITE CONTACT

Same as
#1

3. NAME: _____ EMAIL: _____
BUSINESS PHONE: _____ CELL PHONE: _____

LAND OWNER

Same as
#1

4. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

NEW DESIGNATED AGENT (Person/entity authorized to receive service of process on behalf of operation)

Same as
#1

5. NAME: _____
MAILING ADDRESS: _____
CITY/STATE/ZIP: _____
BUSINESS PHONE: _____ FAX: _____
CELL PHONE: _____ EMAIL: _____

I _____ [print name], certify that I am authorized by _____
[New Operator] to sign this Change of Address form on its behalf and to submit this information to the
Department of Conservation and _____ [Lead Agency] and that the information
stated herein is true and accurate.

SIGNATURE OF AUTHORIZED OFFICER

TITLE OF AUTHORIZED OFFICER

DATE

INYO COUNTY PLANNING DEPARTMENT

FINANCIAL ASSURANCE MECHANISM (FAM) SUBMITTAL PROCEDURE

Purpose

The Surface Mining and Reclamation Act (SMARA) requires all surface mining operations to maintain an approved Financial Assurance Mechanism (FAM) sufficient to ensure reclamation of mined lands in accordance with the approved Reclamation Plan. The amount of the FAM must be equal to or greater than the most recently approved Financial Assurance Cost Estimate (FACE).

Step 1 – Obtain an Approved Financial Assurance Cost Estimate (FACE)

Prior to submitting a Financial Assurance Mechanism, the operator must have:

- An approved Reclamation Plan.
- A current approved Financial Assurance Cost Estimate (FACE).

The FAM amount must equal or exceed the approved FACE amount.

Step 2 – Select an Acceptable Financial Assurance Mechanism

Private Operators

Acceptable financial assurance mechanisms include:

- Surety Bond
- Irrevocable Letter of Credit
- Trust Fund
- Certificate of Deposit (when structured in accordance with SMARA requirements)

Public Agency Operations

Acceptable financial assurance mechanisms may include:

- Budget Set Aside
- Pledge of Revenue
- Other mechanisms authorized by SMARA and applicable regulations

Step 3 – Obtain the Appropriate Forms

Financial assurance forms and guidance are available from the California Department of Conservation, Division of Mine Reclamation.

Financial Assurance Information:

https://www.conservation.ca.gov/dmr/SMARA%20Mines/financial_assurances

Financial Assurance Guidelines:

https://www.conservation.ca.gov/smgb/Guidelines/Documents/Fincl-Assurances/FA_GUIDELINES.pdf

Operators should review the applicable guidance and coordinate with their financial institution, surety company, or legal representative as necessary.

Step 4 – Submit Draft Documents for Review

Operators are strongly required to submit draft financial assurance documents to the Inyo County Planning Department prior to execution.

Draft review may identify:

- Incorrect beneficiary or obligee language
- Incorrect financial assurance amounts
- Missing signatures or notarizations
- Incomplete forms
- Other deficiencies that could delay approval

Submission of draft documents may significantly reduce processing time and prevent the need for reissuance of financial instruments.

Step 5 – Submit Original Executed Documents

Final acceptance requires original executed documents.

The County does not accept electronic copies of Financial Assurance Mechanisms for final approval. Electronic copies may be reviewed during the draft review stage; however, original signed documents must be submitted before acceptance.

The County retains original Financial Assurance Mechanisms as part of the permanent mine record.

Step 6 – County Review

County staff will review the submitted Financial Assurance Mechanism to verify:

- Correct mine name and Mine ID
- Correct operator name
- Amount equal to or greater than the approved FACE
- Required beneficiary and obligee language
- Completeness of all forms and attachments
- Required signatures and notarizations
- Compliance with SMARA and applicable regulations

Additional information or revisions may be requested during review.

Step 7 – Acceptance of the Financial Assurance Mechanism

Upon determining that the Financial Assurance Mechanism satisfies all applicable requirements, the County will:

- Accept the Financial Assurance Mechanism
- Place the original document in the permanent mine file
- Update County financial assurance records
- Notify the operator of acceptance

Financial assurance is not considered approved until written acceptance is issued by the Lead Agency.

Special Requirements for Operations on Federal Land

Mining operations located on lands administered by the Bureau of Land Management (BLM) or United States Forest Service (USFS) may be subject to separate federal bonding requirements in addition to SMARA financial assurance requirements.

Submission or approval of a federal bond does not automatically satisfy SMARA financial assurance requirements.

Operators should coordinate with the Lead Agency, the California Department of Conservation, and the applicable federal agency before obtaining a Financial Assurance Mechanism.

Additional requirements may include:

- Separate financial assurance mechanisms for SMARA and federal reclamation obligations;
- Inclusion of federal agencies as beneficiaries or obligees where required by federal regulations;
- Documentation demonstrating that the Lead Agency and California Department of Conservation maintain independent authority to access financial assurances for SMARA reclamation obligations; and
- Additional forms or agreements required by the applicable federal agency.

Financial assurance mechanisms must be structured so that reclamation obligations required under SMARA remain fully secured regardless of any federal financial assurance requirements.

Operators are strongly encouraged to submit draft documents for review before obtaining final signatures or issuing original documents.

Important: Financial assurance documents prepared by banks, surety companies, or federal agencies frequently require revisions to comply with SMARA requirements. Early review by the County can help avoid delays in approval.

Replacement, Transfer, and Release of Financial Assurances

Replacement Financial Assurances

A replacement Financial Assurance Mechanism must be accepted by the Lead Agency before an existing Financial Assurance Mechanism may be released.

Transfer of Ownership

When ownership of a mining operation changes, the existing Financial Assurance Mechanism shall remain in effect until a replacement mechanism acceptable to the Lead Agency has been provided and approved.

Release of Financial Assurances

Financial Assurance Mechanisms may only be released following satisfaction of reclamation obligations and completion of all required approvals under SMARA and applicable regulations.

Submittal Information

Inyo County Planning Department

168 North Edwards Street
P.O. Drawer L
Independence, CA 93526

Phone: (760) 878-0263

Please contact the Planning Department with any questions regarding Financial Assurance Mechanism requirements or submittal procedures.



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 inyocounty.us

Planning Department Permit Application

Date: _____	(Staff Use) Project #: _____
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Applicant Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____		Alternate Phone: _____	
e-mail: _____			

Property Owner Name: _____			
Street Address: _____			
City: _____	State: _____	Zip: _____	
Phone: _____		Alternate Phone: _____	
e-mail: _____			

Property Information	Assessor's Parcel Number(s): _____
Address: _____	
Latitude: _____	Longitude: _____
Section(s): _____	Township(s): _____
Range(s): _____	
Zoning: _____	General Plan Designation: _____

Project Type (Check all that apply)		
<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Tentative Tract Map	<input type="checkbox"/> Mining Reclamation Plan
<input type="checkbox"/> Variance	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Road Abandonment
<input type="checkbox"/> Zone Reclassification	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Design Review Committee
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Parcel Merger	<input type="checkbox"/> Time Extension
<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Telecom Plan or Amendment
<input type="checkbox"/> Development Agreement	<input type="checkbox"/> Hosted Short-Term Rental	<input type="checkbox"/> Mobile Home Waiver
<input type="checkbox"/> Renewable Energy Permit	<input type="checkbox"/> MWELO - Landscape Plans	
<input type="checkbox"/> Renewable Energy Determination**	<input type="checkbox"/> Other _____	

** Developers must notify local residence and/or landowners by direct mailing or other appropriate means announcing projects at the time an application is submitted

Applicant Name: _____

Project Description Describe in detail Project Proposal(s). Be as specific as possible. Attach additional sheets as necessary.

Project Goals Describe the goals and project benefits (i.e. jobs, housing, services created and revenues generated for the community, etc.) Attach additional sheets as necessary.

Applicant Name: _____

Submission Requirements

Submittal guidance documents are available on our website for most types of Inyo County Planning permits. Common requirements include but are not limited to this application including the initial deposit, a site plan, and proof of ownership. Projects that have potential impacts to the environment require review under the California Environmental Quality Act (CEQA), and are likely to require additional information from the applicant and/or professionally prepared resource reports.

Property Owner Consent

I certify that I am the owner of the property at the project site, or am the trustee for a trust that owns the property, or an authorized officer for a legal entity that owns the property and that I consent to the submission of this application.

Name: _____ Date: _____

Title: _____ Signature*: _____

Applicant Certification

I hereby attest that the information contained in this application and any attachments is correct to the best of my knowledge.

Note that if the applicant is other than the property owner, the applicant must be named as an Authorized Agent on the Consent of Property Owner and Designation of Authorized Agent form that is included with the Inyo County Planning Department Permit Application.

Name: _____ License # _____

Company: _____ Date: _____

Title: _____ Signature*: _____

* By signing this application the applicant/property owner agrees to defend, indemnify, and hold the County harmless from any claim, action, or proceeding arising from this application or brought to attack, set aside, void or annul the County’s approval of this application, and any environmental review associated with the proposed project.

General Information

Applicant Name: _____
Property Owner Name: _____
Address: _____
APN: _____

Project Description

Property Size: _____
Existing Buildings & Structures:
(including Square Footage & number of Floors) _____
Proposed Buildings & Structures:
(including Square Footage & number of Floors) _____
Existing Yard Setbacks:
(Front, Side, and Rear) _____
Distance between Structures: _____
Parking: _____
Project Schedule: _____
Project Phasing: _____
Landscape:
(Total Square Footage) _____

Provide a detailed description of the project (attach additional sheets as necessary):

- For Residential Projects, Describe, including number of units, size of units, anticipated sale prices or rental rates, type of household size anticipated and landscape square footage.
- For Commercial Projects, Describe, including type of operation, square footage of sales area, loading facilities and landscape square footage.
- For Industrial Projects, Describe, including type of operation, estimated employment per shift and number of shifts, loading facilities, truck traffic, and hazardous materials used onsite.
- For Institutional Projects, Describe, including services provided, estimated employment per shift, estimated occupancy and community benefits of project.

Applicant Name: _____

Project Checklist

	Yes	No
1. Change in existing features of any bays, tidelands, beaches, or hills or substantial alteration of ground contours.	<input type="checkbox"/>	<input type="checkbox"/>
2. Change in scenic views, or vistas from existing residential areas, public lands or roads.	<input type="checkbox"/>	<input type="checkbox"/>
3. Change in pattern, scale or character of general area of project.	<input type="checkbox"/>	<input type="checkbox"/>
4. Significant amounts of solid waste or litter.	<input type="checkbox"/>	<input type="checkbox"/>
5. Change in dust, ash, smoke, fumes or odors in vicinity	<input type="checkbox"/>	<input type="checkbox"/>
6. Change in ocean, bay, lake, stream or ground water quality or quantity, or alteration	<input type="checkbox"/>	<input type="checkbox"/>
7. Of existing drainage patterns	<input type="checkbox"/>	<input type="checkbox"/>
8. Substantial change in existing noise or vibration levels in the vicinity	<input type="checkbox"/>	<input type="checkbox"/>
9. Site on filled land or on slope of 10 percent or more	<input type="checkbox"/>	<input type="checkbox"/>
10. Use of disposal of potentially hazardous materials, such as toxic substances, flammables, or explosives.	<input type="checkbox"/>	<input type="checkbox"/>
11. Substantial change in demand for municipal services (police, fire, water, sewage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Substantial increase in fossil fuel consumption (electricity, oil, natural gas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
13. Known threatened or endangered species (animal or plant) on or near site.	<input type="checkbox"/>	<input type="checkbox"/>
14. Known historical, archaeological, or cultural resource on or near site.	<input type="checkbox"/>	<input type="checkbox"/>
15. Project is related to a larger project or a series of projects.	<input type="checkbox"/>	<input type="checkbox"/>

For all items checked **Yes**, please include a written discussion/explanation below (attach additional sheets as necessary).

Applicant Name: _____

Environmental Setting

Describe the project site as it exists before the project, including information on topography, soil stability, plants and animals and any cultural, historical, or scenic aspects. Describe any existing structures on the site, and the use of the structures. Attach photographs of the site, as needed. Attach additional sheets as necessary.

Describe the surrounding properties, including information on plant and animals and any cultural, historical or scenic aspects. Indicate the type of land use (residential, commercial, etc.), intensity of land use (one family, apartment houses, shops, department stores, etc.), and scale of development (height, frontage, setback rear yard, etc.). Attach photographs of the vicinity, as needed. Attach additional sheets as necessary.

Certification

I hereby attest that the information contained in this Environmental Information Worksheet and any attachments is correct to the best of my knowledge.

Note that if the signatory of this worksheet is other than the property owner, the signatory must be named as an Authorized Agent on the Consent of Property Owner and Designation of Authorized Agent form that is included with the Inyo County Planning Department Permit Application.

Name: _____ License # _____

Company: _____ Date: _____

Title: _____ Signature: _____



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168 North Edwards Street
Post Office Drawer L
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E-Mail: inyoplanning@inyocounty.us

Consent of Property Owner and Designation of Authorized Agent

Date: _____	(Staff Use) Project #: _____
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General Information

Property Owner Name: _____

Applicant/Authorized Agent Name: _____

Project Address: _____

APN: _____ Permit Type: _____

Consent I (we) the undersigned owner of record of the fee interest in the parcel of land identified by the address and Assessor Parcel Number(s) noted above, for which a land use permit, land division, general plan or ordinance amendment, or LAFCO application referral is being filed with the Inyo County Planning Department requesting an approval for the permit type listed above, do hereby certify that:

1. Such Application may be filed and processed with my (our) full consent.
2. I (we) hereby grant consent to Inyo County, its officers, agents, employees, independent contractors, consultants, sub-consultants and their officers, agents, and employees to enter the property identified above to conduct any and all surveys and inspections that are considered appropriate by the inspecting person or entity to process this application. This consent also extends to governmental entities other than the County, their officers, agencies, employees, independent contractors, consultants, sub-consultants, and their agents or employees if the other governmental entities are providing review, inspections and surveys to assist the County in processing this application. This consent will expire upon completion of the project.
3. If prior notice is required for entry to survey or inspect the property, please contact:

Name: _____

Address: _____

Telephone #: _____ e-mail: _____

4. I (we) hereby give notice of the following concealed or unconcealed dangerous conditions on the property:

Authorization I (we) the undersigned owner of record of the fee interest in the parcel of land located at the address noted above and identified by the Assessor Parcel Number(s) noted above have authorized the person noted above as "Applicant/Authorized Agent" to act as my (our) agent in all contacts with Inyo County and to sign for all necessary permits in connection with this matter. *If the Applicant/Authorized Agent field above and the signature below are left blank it is assumed that the Property Owner will be acting as his own Agent, and no one will be acting on his behalf.*

Signatures

Signature of Property Owner

Date

Signature of Authorized Agent

Date



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Notification of Proximate Property Owners

Applicant Name: _____

Date: _____	(Staff Use) Project #: _____
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The following applications require the provision of public hearing notices to surrounding property owners within 300 feet of the boundary of the project property. Please check all that apply to this project.

<input type="checkbox"/> Conditional Use Permit	<input type="checkbox"/> Tentative Tract Map	<input type="checkbox"/> Mining Reclamation Plan
<input type="checkbox"/> Variance	<input type="checkbox"/> Tentative Parcel Map	<input type="checkbox"/> Road Abandonment
<input type="checkbox"/> Zone Reclassification	<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Telecom Plan or Amendment
<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Specific Plan	<input type="checkbox"/> Renewable Energy Permit
<input type="checkbox"/> Development Agreement	<input type="checkbox"/> Renewable Energy Determination	<input type="checkbox"/> Mobile Home Waiver
<input type="checkbox"/> Hosted Short-Term Rental		

The following applications require the provision of public hearing notices to surrounding property owners within 1,500 feet of the boundary of the project property. Please check if this applies to this project.

Commercial Cannabis Conditional Use Permit for cultivation, retail, distribution, testing, manufacturing or microbusiness.

A list of all applicable proximate property owners must be obtained from the latest Assessor's tax roll. Planning Department staff will act on your behalf to obtain the addresses and mail the appropriate notifications. Staff time and expenses (stamps, etc.) will be billed against your account.

Check this box if you would like to elect to obtain the addresses of all applicable proximate property owners. To obtain the appropriate list please contact the Inyo County Assessor's office, and pay their associated fees. Then provide the Planning Department with addressed and stamped envelopes and the following information to demonstrate that you have properly obtained the addresses:

- The County assessor map(s) or GIS maps covering your project site with the 300' or 1,500' surrounding area outlined, as obtained from the latest Assessor's tax roll.
- The list of Assessor Parcel Numbers, property owners, and addresses for all properties within 300' or 1,500', as applicable, as obtained from the latest Assessor's tax roll.
- Letter sized envelopes with first class postage affixed and addressed to each owner.
- This form signed and dated at the bottom.

I hereby certify that the attached information contains all of the assessor parcel numbers from the latest Assessor's tax roll under preparation of all the properties with the area described on the attached maps and within a distance of three hundred (300) feet or one thousand five hundred (1,500) feet, as applicable, from all exterior boundaries of the project property.

I certify under penalty of perjury that the foregoing is true and correct.

Signature of Applicant _____ Date _____



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Processing Fee Agreement

Date: _____	(Staff Use) Project #: _____
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General Information

Applicant Name: _____

Property Owner Name: _____

Project Address: _____

APN: _____ Permit Type: _____

Party Responsible for Payment of Fees (check): Applicant Property Owner

Basis of Fees

By County ordinance, Planning Department Processing Fees recover the costs of processing applications. These costs include personnel and overhead costs, as well as the cost of materials necessary to process the application. The deposit you pay is an estimate of the cost of processing the application and may not cover the entire cost for which you will ultimately be responsible.

Your initial deposit amount of \$ _____ (see attached) will be applied toward processing your application(s). Interest does not accrue on this deposit. Monthly withdrawals against this deposit will be made based on the costs incurred in processing your application(s). Statements will be sent to you each month documenting the draws against your deposit. If the deposit reaches a balance of \$400.00 or less you will be asked to make a subsequent deposit. You will be expected to deposit these additional fees within 30 days of a request for additional funds. If there is a balance remaining after reconciling the final bill, a refund check will be mailed to you within 45 days of the final closure of the project.

In order to implement the cost recovery provisions, please sign this statement indicating your agreement to the cost recovery procedure. This signed agreement is required for you application(s) to be accepted for processing. If you have questions regarding your application(s), or the billing status of your application(s), contact the **Inyo County Planning Department** at (760) 878-0263, and provide your project name and/or project number.

Agreement

I, the undersigned, agree to pay the Inyo County Planning Department Processing Fee, which consists of the costs, as described above, incurred by Inyo County in processing this application. Such payment will be made to the Inyo County Planning Department, P.O. Drawer L, Independence, CA 93526. I understand and agree that processing of my application will be suspended pending receipt by the Planning Department of all requested deposits. In the event of default of my obligations, I agree to pay all costs and expenses incurred by Inyo County in securing performance of this obligation, including the cost of reasonable attorneys' fees.

Signature

Name of Responsible Party

Signature of Responsible Party

Date