8401 Laguna Palms Way • Elk Grove, California 95758
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Development Services
Building Safety & Inspection (916) 478-2235
Planning (916) 478-2265
Public Works (916) 478-2256

Project Billing Information Form

The information provided in this form shall serve to notify the City of Elk Grove that I/we am/are the legal owner(s) of the property listed below and hereby authorize the person/firm to represent my/our interests with regards to the Project/Permit listed below:

Project Name: _____

Project Location: _____

I agree to take full financial responsibility for all costs accrued by the City for the overall daily management of my project, which ensures that all ordinances, standards, and permits are enforced. This may include and is not limited to: plan/map reviews and revisions, traffic control plans, SWPPP inspections, construction inspections, encroachment permits, traffic studies, call routes, monument verification inspections, and administrative support.

I am aware that I will receive an invoice for my account every 28 days *and will pay finance charges for the unpaid balance at a percentage rate established by City policy.* All payments are due upon receipt. If I feel that I have been invoiced in error, I will contact the City within 45 days. I understand that if I do not contact the City within 45 days, all charges are my financial responsibility. The City reserves the right to stop their work and/or my work on this project for unpaid balances and all charges must be paid prior to project approval. If I sell or option this property, I will disclose the terms of this statement and provide the City with new billing information. If I fail to do this, I will continue to be financially responsible for all costs related to this project.

_____ _____ _____

Owner's or Authorized Agent's Signature | Print Name | Date

Owner (Note: Invoices are mailed to the owner of the project):

Company: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Applicant if different from owner:

Company: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Submittal Information (For City Use Only)

Date Created: _____ IP Number: _____

Deposit Amount: _____ FM/PM Number: _____

Received By: _____ CM Number: _____

Notes: _____ SWPPP Number: _____