

# EXPEDITED PERMIT FEE AGREEMENT

## Section 19.01-W LAMC

City of Los Angeles - Department of City Planning

ENTITLEMENT

REQUEST(S): PLAN APPROVAL FOR PREVIOUS APPROVED CONDITIONAL USE

Project Address: 17729 Plummer Street

I hereby promise to pay all expenses for additional cost and physical resources necessary to expedite the permit process for the above development project. I understand that the expedited service charges are in addition to and separate from the fees charged elsewhere in the L.A. Municipal Code. **I also understand that the initial fee of \$8,500 is a deposit, and I agree to pay any additional costs that exceed this deposit to the City of Los Angeles** for Planning Department Staff as well as other City Departments for time used to expedite the subject case(s), including any costs accrued during any appeal(s) of the subject case(s). I am well informed that the processing of the case may be placed on hold if an invoice billing for the excessive costs becomes past due. In the event that the property is sold, I understand that I am still responsible for any costs accrued until such time as the new property owners accept responsibility of fees in writing by filing a new Expedited Permit Fee Form with the Planning Department.

**Initial Deposit: \$8,500**

### COMPANY/OWNER/APPLICANTS AFFIDAVIT

Under penalty of perjury the following declarations are made:

- The undersigned is the owner or lessee, or authorized agent of the owner or lessee with power of attorney or officers of a corporation (submit proof). (NOTE: for zone changes, lessee may not sign).
- The information presented is true and correct to the best of my knowledge.
- The undersigned has read and accepted the above statement.

Owner/Applicant: \_\_\_\_\_

Print Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

\*Please note that the information listed above will be used for billing purposes. Please do not use a P.O. Box as the address.

Representative: \_\_\_\_\_

Contact: \_\_\_\_\_

Print Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

For Owner/Applicant Authorized Signature Only:  
Subscribed and sworn before me this (date):


\_\_\_\_\_, in the County of \_\_\_\_\_,

State of California

**Notary Public**

Stamp:

Accepted By Expedited Processing Section

Signature: 

Date: January 27, 2020

(The application must be filed within 180 days of the date referenced above.)

**See the reverse for additional requirements.**

**ORIGINAL EPS STAFF SIGNATURE REQUIRED FOR FILING**