### KERN COUNTY

## **Engineering, Surveying and Permit Services Department**

### Memorandum

Greg Fenton, P.E., C.B.O., Interim Director

To: ESPS Customers Date: June 16, 2014

From: Donna Fujihara, P.L.S. Phone: 862-5084 Engineering Manager Fax: 862-5101

Subject: Fees to Recover Special Requests - Engineering and Surveying Divisions

The Kern County Land Development Fee Resolution 2008-244, lists the fees resulting from the County Board of Supervisors' directive to determine and implement the full cost recovery of work performed by staff, thereby minimizing impacts to the County's general fund, which has historically been tapped into to subsidize much of the cost of performing many of the department's functions. The department will still provide general, public information, which will continue to be absorbed by the general fund, without specific cost recovery.

Within the Schedule are fees to recover costs for performing Special Requests, such as miscellaneous plan reviews, inspections, report preparation, investigation, research, reviews of preliminary flood and/or drainage studies, technical assistance, and other miscellaneous tasks not covered by other fees. If the request is related to a project that has already been submitted and appropriate fees paid, such as a tract map or parcel map, there will be no additional fees required, except as allowed after the third map review. If the request is made prior to submittal of a tract map, parcel map or similar project, then the Special Request fees shall apply, as there is no assurance that a subsequent project will be submitted.

The fees for Special Requests shall be implemented and assessed as follows:

- A special request that will take less than 30 minutes to complete will not be assessed any fees, unless multiple requests are made regarding the same item or topic, and the cumulative time exceeds 30 minutes, in which case a fee will be assessed to recover total staff time.
- A special request that will take 30 minutes or more to complete, will be assessed a fee that is due prior to staff providing the requested information. The request must be made in writing on the department's form. Staff will provide an estimate of the cost to complete the request, and will not initiate the request, nor exceed the estimated cost, without written authorization by the requesting party. Requests shall be accompanied with a minimum deposit of \$105. Requests which are estimated to exceed two hours of staff time, must be accompanied by a deposit equal to 50% of the estimate, with the balance due prior to providing the requested information.
- Telephone and Email requests, and/or technical assistance, in excess of 30 minutes, will not be provided without a written request. The request forms may be faxed, mailed, or emailed, along with any deposit due, prior to initiating the request.
- Deposits will not be refunded if staff has performed the special request.

# SPECIAL REQUEST Engineering and Surveying Divisions of ESPS Department

| Customer Informat   | ion                                     |                     |                  |  |
|---|---|---------------------|------------------|--|
| Name:   |   | Date:               |                  |  |
| Address:  |   | <del> </del>        |                  |  |
| Tol No:   |   |                     |                  |  |
| Eav No :  |   |                     |                  |  |
| o mail :  |   |                     |                  |  |
| Project Name (If appli  | cable)                                  |                     |                  |  |
| Information Requeste  | d (be specific)                         |                     |                  |  |
|   |   |                     |                  |  |
| \$105 per hour. An est  | imate is provided lestimate is due at t | below. If the estin | nate excee       | Resolution 2008-244 at a rate of ds 2 hours of staff time, a deposit balance is due prior to receiving |
| (Signatu<br>By signing, I hereby a<br>exceeded without my       | gree to pay for this                    |                     | The estima       | ate indicated below will not be  |
| (For staff use only)  |   | Work Ord            | ler#             |  |
| Estimated cost to com<br>If the time spent exce<br>the request. |   |                     | to 50% of t      | he estimate is due at the time of  |
| (Print name)  |   | (Da                 | (Date)           |  |
| Actual time spent:  |   |                     |                  |  |
| Name  | Title<br>                               | Hours               | Rate<br>\$105/hr | Total<br>·   |
|   |   |                     |                  |  |
|   |   |                     | Grand            | Total  |