



TO BE COMPLETED BY APPLICANT

Property owners name _____

Owner's address _____

Project address _____

New construction: Single-family ___ Apartment/etc. ___ Non-residential ___

Additions: Residential ___ Non-residential ___

Rebuild after loss: Old sq. ft. _____ New sq. ft. _____

Subdivision/Project Name _____ Unit # _____

Parcel Numbers _____

LOT #	SQ. FT.	NO BDRM

LOT #	SQ. FT.	NO BDRM

LOT #	SQ. FT.	NO BDRM

Applicant Signature _____ Date _____

Title _____ Phone Number _____



TO BE COMPLETED BY CITY OF VACAVILLE

Plan check number _____

Total square feet of residential area _____

Total square feet of commercial/industrial area _____

Building division signature _____ Date _____

TO BE COMPLETED BY DISTRICT

Pursuant to Government Code Section 65995, District requirements for the above project have been met, and fees have been paid. This certification covers only the square footage indicated below. Any additions or corrections to the square footage of this project will require a new form.

Residential Fee Levied: \$_____ per sq ft x _____ sq ft = \$_____

Commercial/Industrial Fee Levied: \$_____ per sq ft x _____ sq ft = \$_____

Other, please describe:

_____ \$_____ per sq ft x _____ sq ft = \$_____

Total fees paid: \$_____

Signature _____

Title _____

Date _____

School District Seal