

# CERTIFICATION OF COMPLIANCE SCHOOL DISTRICT DEVELOPMENT IMPACT FEES

To be completed by applicant and taken to: Marysville Joint Unified School District  
1919 B Street, Marysville, CA 95901  
(530) 749-6114, Room 106

**Part I**

Property Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Project Address: \_\_\_\_\_

Parcel No: \_\_\_\_\_ Lot No: \_\_\_\_\_ City or County: \_\_\_\_\_

Building Dept: \_\_\_\_\_ Permit No: \_\_\_\_\_

**TYPE OF CONSTRUCTION:**

Residential Construction _____	Single Family Dwelling _____
Residential Reconstruction _____	Multiple Family Dwelling _____
Commercial Construction _____	No. of Units _____
Commercial Reconstruction _____	Mobile Home _____

Total Number of Habitable Square Feet: \_\_\_\_\_

***THIS CERTIFICATION COVERS ONLY THE AMOUNT OF SQUARE FOOTAGE INDICATED ABOVE. ANY ADDITIONS OR CORRECTIONS TO THE SQUARE FOOTAGE FOR THE PROJECT WILL REQUIRE AN AMENDMENT TO THE CERTIFICATION OF COMPLIANCE. FALSIFICATION OF SQUARE FOOTAGE AND/OR TYPE OF CONSTRUCTION IS CAUSE FOR REVOCATION OF CERTIFICATION OF COMPLIANCE.***

***ACCORDING TO GOVERNMENT CODE SECTION 66020 (d) (1), I HAVE BEEN NOTIFIED THAT WITH THE IMPOSITION OF THIS FEE, THE 90-DAY APPROVAL PERIOD IN WHICH I HAVE TO PROTEST THE FEE HAS BEGUN.***

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**Part II**

**TO BE COMPLETED BY BUILDING DEPARTMENT**

Total Number of Habitable Square Feet \_\_\_\_\_ City of Marysville \_\_\_\_\_

Signature \_\_\_\_\_ County of Yuba \_\_\_\_\_

County of Butte \_\_\_\_\_

**Part III**

**TO BE COMPLETED BY SCHOOL DISTRICT**

Certification of Compliance No. (Receipt No.): \_\_\_\_\_

Fees Collected: No. of Square Feet \_\_\_\_\_ x's \$.66 for Commercial = \$ \_\_\_\_\_

No. of Square Feet \_\_\_\_\_ x's \$4.08 for Residential = \$ \_\_\_\_\_

Exempt from Fees: \_\_\_\_\_ Reason: \_\_\_\_\_

***AS THE AUTHORIZED SCHOOL DISTRICT OFFICIAL, I HEREBY CERTIFY THAT THE REQUIREMENTS OF GOVERNMENT CODE SECTION 65995 HAVE BEEN COMPLIED WITH BY THE ABOVE SIGNED APPLICANT.***

Signature \_\_\_\_\_ Date \_\_\_\_\_