

DEPARTMENT OF CONSERVATION

FEE REPORT

STRONG MOTION INSTRUMENTATION AND SEISMIC HAZARD MAPPING FEE

FOR THE QUARTER _____ THROUGH _____ YEAR _____

*California Department of Conservation
Division of Administrative Services - Accounting Office*

1. Name of [] City or [] County: _____
for which fees are being remitted
- Prepared By: _____ Agency: _____
- Mailing Address: _____
- City,St,Zip: _____
- Contact Person: _____ Phone No. _____
- 2a. Total Valuation of Category 1* Building Permits over \$3,850
(1 to 3 story **Residential**) \$ _____
- 2b. Total Fees for Category 1 Permits over \$3,850 \$ _____
\$13 per \$100,000 permit Valuation
- 3a. Total Valuation of Category 2* Building Permits over \$1,786
(**Commercial** and over 3 story residential) \$ _____
- 3b. Total Fees for Category 2 Permits over \$1,786 \$ _____
\$28 per \$100,000 Permit Valuation
4. Total Fees Collected for Category 1 Permits under \$3,850 \$ _____
and for Category 2 Permits under \$1,786 (\$.50 Flat Fees)
- 5a. **Total Fees Collected** (Line 2b + Line 3b + Line 4) \$ _____
- 5b. Less: Fees withheld for seismic education and data utilization -\$ _____
by Local Agency (up to a maximum of 5% of Line 5a)
6. **TOTAL FEES ENCLOSED** (Line 5a minus Line 5b) \$ _____

*Structure types are described on enclosed fee schedules.

Under penalty of perjury, I declare that I have examined this report and to the best of my knowledge and belief it is true, correct, and complete.

Authorized Signature

Position Title

Date

Please make checks payable to **Department of Conservation**.
Mail check along with this Fee Report form to:
California Department of Conservation
Division of Administrative Services - Accounting Office
715 P Street, Sacramento, CA 95814