



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

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KATHLEEN MOLLOY PREVISICH, PLANNING DIRECTOR

ENGINEERING GEOLOGIST TRANSFER OF RESPONSIBILITY

APN: _____ - _____ - _____

DATE: _____

OWNER: _____

PROJECT LOCATION: _____

PROJECT DESCRIPTION:

Our firm is taking over the above referenced project as the project engineering geologist of record.

We have reviewed the original geologic work for this project. Completed work reviewed to date is as follows (detail all reports including author, title, date and project number):

Based upon our review, we offer our professional opinions as follows (check where applicable):

____ We concur with all of the geologic conclusions and recommendations.

____ We do not agree with or support geologic conclusions or recommendations as detailed on the attached report (attach new conclusions and recommendations and all new supporting data and reasoning).

Please read prior to signature

By signing below, we agree to accept responsibility within our area of technical competence for approval of this project upon completion of the work.

SIGNED: _____
(Apply California State-certified engineering geologist's signature and wet stamp here)

RETURN TO: _____