

## COUNTY OF SANTA CRUZ

## PLANNING DEPARTMENT

701 OCEAN STREET - 4<sup>TH</sup> FLOOR, SANTA CRUZ, CA 95060 (831) 454-2580 FAX: (831) 454-2131

## **Request for Planning Staff Services**

Date:	APN(s):	
Site Address:		
Applicant:		_
Property Owner:		_
Phone #:	Email:	_
	(staff member) to perform the following servi	ce
hours at an hourly rate of \$ If this request includes a site vis	above named staff person, this service will take approximately per hour. I understand the cost for this service is \$ t, permission is hereby granted for County staff to enter the subject rming the services requested herein.	

## **Instructions:**

- 1. Speak with staff to confirm the estimated time required to perform the requested services and the hourly rate.
- 2. Submit the request form and required estimated payment for services. The form and payment may be submitted to the Cashier at the Planning Department or mailed to:

County of Santa Cruz Planning Department 701 Ocean Street, Room 400 Santa Cruz, CA 95060

Attn: Cashier

The assigned staff will contact you to schedule a time to meet for discuss the requested service, as necessary.