



County of Santa Cruz

PLANNING DEPARTMENT

701 OCEAN STREET, 4TH FLOOR, SANTA CRUZ, CA 95060
(831) 454-2580 FAX: (831) 454-2131 TDD: (831) 454-2123

Request for Planning Staff Services

Property Owner's Name: _____

Property Address: _____

Property APN: _____

Phone Number: _____

I hereby request _____ (staff person's name) to perform the following service: (Please be very specific as to the service agreed upon during discussion with staff person.)

Based upon a discussion with the above named staff person, this service will take approximately _____ hours at an hourly rate of \$ _____ per hour. I understand that the cost for this service is \$ _____. If this request requires a site visit to my property, I hereby give my permission for County staff to enter my property for the purpose of performing the service requested herein.

Instructions:

1. Talk with staff to obtain an estimate of time to perform the requested service and the hourly rate for that person.
2. Print this Request Form and complete the necessary information.
3. Mail the completed Request Form along with a check for the amount of the estimate to:

*Planning Department Cashier
701 Ocean Street, Room 400
Santa Cruz, CA 95060
Attn: Cashier*

You will receive a phone call from the staff person to schedule the requested service. Upon completion, you will receive written documentation of the results of this service.