



COUNTY OF SANTA CRUZ

PLANNING DEPARTMENT

701 OCEAN STREET, SUITE 410, SANTA CRUZ, CA 95060
(831) 454-2580 FAX: (831) 454-2131 TDD: (831) 454-2123
TOM BURNS, DIRECTOR

Engineering Geologist Transfer of Responsibility

Date:

APN: _____ - _____ - _____

Owner: _____

Address: _____

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 completed report including author, title, date, and project number):

Based on our review, we offer our professional opinions as follows:

- We concur with all of the geologic conclusions and recommendations.
- We do not agree with or support geologic conclusions or recommendations as details on the attached report (attach new conclusions and recommendations and all new supporting data and reasoning).
- 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: _____