



City of Emeryville

INCORPORATED 1896

1333 Park Avenue
Emeryville, California 94608-3517
Tel: (510) 596-4300 | Fax: (510) 596-4389

COST RECOVERY AGREEMENT FORM (Updated June 30, 2023)

AGREEMENT FOR PAYMENT OF FEES FOR PLANNING APPLICATION PROCESSING

PROJECT NAME: _____ Project No.: _____

PROJECT ADDRESS AND DESCRIPTION: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

BILLING ADDRESS

PROJECT FEES

_____ agrees to pay the City of Emeryville
(Print Name of Applicant or Authorized Agent)

all incurred costs, direct and indirect, including application fees, consultant fees, staff time and any additional costs, associated with review and processing of the subject project even if the application is withdrawn or not approved. Applicant understands that one or more deposits will be required to cover the costs noted above at such time as requested by the Planning Director.

Invoices are due and payable within 30 days.

I have read and agree to the terms above.

(Signature of Applicant or Authorized Agent)

(Date)