



PLANNING AND ZONING DEPARTMENT

Permit Number: _____

FINANCIAL RESPONSIBILITY FORM

The owner understands that all City-incurred professional fees and expenses associated with the processing of this application request are ultimately the responsibility of the owner. A security deposit shall be deposited in an interest-bearing account with any accrued interest to be retained by the City of Palm Beach Gardens.

The owner and/or designee shall be invoiced on a monthly basis for professional fees such as, but not limited to, consultant engineering services, legal services, advertising costs, and/or any other costs attributable to the processing of the permit for which the City incurred during the previous month. The owner and/or designee shall reimburse the City within ten (10) days from date of invoice. If payment is not received, the City may utilize the security deposit for reimbursement purposes. **All activities related to the pending permit(s) will cease until any outstanding invoices are paid.**

The owner/designee further understands that transfer of this responsibility shall require a completed form, signed and notarized by the responsible party, and delivered to the City's Planning and Zoning Department if the name and/or address of the responsible party changes at anytime during the application review process.

Owner signature

Date

Owner printed name

Property Control Number

DESIGNEE/BILL TO:

Designee Acceptance Signature: _____

NOTARY ACKNOWLEDGEMENT

STATE OF _____ COUNTY OF _____

I hereby certify that the foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____. He or she is personally known to me or has produced _____ as identification.

Notary public signature

(stamp)

Printed name

State of _____ at-large

My Commission expires: _____

CITY OF PALM BEACH GARDENS