



PACIFIC GROVE UNIFIED SCHOOL DISTRICT
435 Hillcrest Avenue Pacific Grove, CA 93950
Phone: (831) 646-6553 Fax: (831) 646-6582

Government Code 65995

Project Address & City: _____

Project Owners Name: _____

Project Description: _____

Building Type: _____ Commercial _____ Residential
_____ New _____ No. of Dwellings
_____ Addition _____ New
_____ Addition

Value of Development Project: \$ _____

Assessor's Parcel No: _____

If Schedule "A" is used, show Assessor's Parcel no. for each lot, if one exists, or Assessor's Parcel No. for parcels before sub-divided.

Square Footage Created by this Permit: _____

Certification of Applicant/Owner: The person signing certifies that the above information is correct and makes this statement under penalty of perjury and further represents that he/she is authorized to sign on behalf of the owner/developer.

Signature: _____ **Date:** _____

City/County Certification: _____
(Signature) (Printed Name & Title)

The following is to be completed by the Pacific Grove Unified School District:

School District requirements for the above project have been satisfied in accordance with one of the following (circle one):

Government Code 65995 Not Subject to fee \$4.79 per sq. ft (Residential project)
Not subject to fee \$.78 per sq. ft (Commercial project)

Total number of square feet: _____

Cost per square foot: _____

Amount Collected: _____

Date Collected: _____

Payment Received: _____ Check _____ Cash

School District Official: _____
(Signature) (Name & Title)

Comments (if any): _____