



County of San Diego, Planning & Development Services  
**TERMS OF AGREEMENT**  
**BUILDING DIVISION**

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**CUSTOMER ACKNOWLEDGMENT**  
**OF CERTAIN LIABILITIES AND ASSUMED RISKS**

The intent of this acknowledgment is to ensure that the property owner and/or designated consultant are clearly aware of certain liabilities and assumed risks that are associated with the submittal of an application for a plan check or building permit or a request for a pre-intake assistance (PIA) conference.

**Waiver of Right for Refund of Plan Review or Conference Fees:**

*Please read and initial:*

- 1) \_\_\_\_\_ I understand that I have been informed that it may not be possible to issue the building permit for which I have submitted an application.
  
- 2) \_\_\_\_\_ I understand that any fees paid for plan review are not refundable once a plan review has commenced.\* The County's acceptance of plan review fees is no assurance that a permit will be issued. Pursuant to Section 91.1.109.2.1. *Expiration of Plan Review* of the County Building Code, the plan check will be valid for one year following the date of application. Upon review of the plans and permit application by the County, correction list(s) and a Conditions of Approval list will be generated for the purpose of assisting me in completing the plan check process. I understand that these Conditions of Approval, including reviews by other departments and outside agencies, and all plan check corrections must be resolved before the permit will be issued.

*\*Plan review is considered commenced when:*

*For the optional PIA conference, if fees paid and no cancellation has been received 24 hours prior.*

*Plan Check or Permit review has been started by any reviewing specialty including grading and CEQA review.*

- 3) \_\_\_\_\_ I understand that at the end of one year, the County may extend my plan check for no more than 180 days from the expiration date at my request in writing when approved by the Building Official and the appropriate plan review fees paid. The County has no authority to extend the plan check beyond the 180 day extension period regardless of the reasons why an extension may be requested.

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## Submittal and Issuance Terms:

- 4) \_\_\_\_\_ I understand that if I am submitting my application for plan check review prior to the approval of a discretionary action, which includes, but is not limited to, a subdivision or parcel map, use permit (minor or major), site plan or Department of Public Works (DPW) L-grading permit, I understand and agree that the application submittal is made at my request and entirely at my own risk. I understand that the issuance of a building permit is partly dependent upon the approval of the discretionary action and that it may not be possible to complete the discretionary process and issue a building permit within the period of one year during which this plan check is valid.
- 5) \_\_\_\_\_ I understand that it is the policy of the Planning & Development Services (PDS) that once a set of plans has been submitted for a project, the permit shall be issued based on the plans as initially submitted. However, if subsequent changes to my plans, for example, change in use, floor plan, number of buildings, size of buildings, number of dwelling units, or arrangement of buildings, then additional plan review fees will be charged commensurate with the changes and additional reviews by all reviewing specialties will be necessary. This review and the additional fees apply to changes proposed after the permit is issued as well.
- 6) \_\_\_\_\_ I understand that if building permits are not issued at the same time for all the buildings listed on the original permit application, then the plan review fees will be forfeited for the units not issued and additional fees will apply.
- 7) \_\_\_\_\_ I understand that I am responsible to review the conditions of approval and ensure I have obtained all required approvals and addressed all issuance requirements prior to requesting permit issuance.
- 8) \_\_\_\_\_ I understand that the complexity of my project may necessitate an extended processing time, as well as additional plan review fees. PDS's estimate of the time needed for initial plan review is only an estimate.
- 9) \_\_\_\_\_ I understand that should payment of fees be returned for non-sufficient funds or reversed by my banking institution that additional fees to recover bank handling charges and time and material costs may apply.

### Customer Acknowledgment of Certain Liabilities and Assumed Risks

Application Received by: \_\_\_\_\_

Property Address: \_\_\_\_\_

Plan File Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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APPT DATE: \_\_\_\_\_

**Optional Pre-Intake Assistance Conference:**

APPT TIME: \_\_\_\_\_

(Plan check services are typically not performed at a pre-intake assistance conference.)

TECH INIT: \_\_\_\_\_

- 1) \_\_\_\_\_ I request a pre-intake assistance conference for a project that will require a building permit to help me prepare for permit application submittal.
- 2) \_\_\_\_\_ I understand that the fees for the pre-intake assistance conference are non-refundable.
- 3) \_\_\_\_\_ I understand that the County's participation the pre-intake assistance conference does not vest or guarantee that your application for a permit will be accepted, or that a permit will be issued.
- 4) \_\_\_\_\_ I understand that it is my responsibility to select which specialties I would like to be present at the pre-intake assistance conference from the list below of those available to attend, and that the County or its representatives cannot and will not decide who should attend on your behalf.\*  
\*A Planning & Development Services, Building Division Land Use Technician is the sole specialty that must be present to facilitate and moderate the conference.
- 5) \_\_\_\_\_ I acknowledge that the County representative has explained the role of each specialty available for the pre-intake assistance conference as it relates to my project, that I was given the opportunity to request clarification of the information provided and that said clarification has been provided.
- 6) \_\_\_\_\_ I understand that the pre-intake assistance conference service is available in one-hour minimum blocks. All charges reflect this minimum block of time.

**County Specialties Available for the Pre-Intake Assistance Conference**

	Fee per hr.	Total fee	Attendance Requested	
Land Use Technician <i>(conference moderator – must attend)</i>	\$86.00	\$_____	Yes <input checked="" type="checkbox"/>	
Land Development Engineering Technician	\$101.00	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Land Use Environmental Planner	\$95.00	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Structural Engineer	\$131.00	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electrical, Plumbing, Mechanical Chief Inspector	\$110.00	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Department of Environmental Health Representative	\$125.00	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Inspection Fee <i>(requires additional lead time for results entry)</i>	\$126.00*	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
County Fire Specialist <i>(for projects within County fire jurisdiction only)</i>	\$_____	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Specialty _____	\$_____	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Specialty _____	\$_____	\$_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Total:</b>		\$_____		

Please arrive fifteen minutes before the appointment time. Fees are not refundable for any portion of a missed appointment.  
 \*Site inspection fee based on the County Fee Ordinance (see form PDS 613).

**Customer Acknowledgment of Certain Liabilities and Assumed Risks**

PIA Request Received by: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 PIA File Number: \_\_\_\_\_  
 Requestor's Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Customer Declined Pre-Intake Assistance**

PIA Service Explained and Offered by: \_\_\_\_\_  
 Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Technician to initial if customer declines to sign)