



<b>FACILITY NAME</b>		<b>FACILITY CONTACT NAME</b>	
<b>FACILITY ADDRESS</b>		<b>SITE PHONE # WITH AREA CODE</b> ( )	
<b>CITY</b>	<b>STATE</b> CA	<b>ZIP CODE</b>	<b># OF TANKS AT SITE</b>

<b>APPLICANT BILLING NAME</b>			<b>APPLICANT CONTACT NAME</b>	
<b>APPLICANT MAILING ADDRESS</b>			<b>APPLICANT PHONE # WITH AREA CODE</b> ( )	
<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>CIRCLE WORK TO BE DONE</b>	<b>CONTRACTOR ICC #</b>
			Closure Installation Repair Retrofit	

ACTIVE FACILITY									
<b>UST FEES = \$550</b> (Facility+1st Tank) + \$130/Tank after 1st	2014	2015	<b>UST FEES = \$583</b> Facility + \$139/Tank	2016	<b>UST FEES = \$641</b> Facility + \$152/Tank	2017	<b>VPH UST FEES = \$961 Facility + \$228/Tank</b>	<b>2018</b>	\$
							<b>Double Wall &amp; 1702 Compliant UST FEES = \$680 Facility + \$228/Tank</b>		\$
Tank Penalty Assessed for Unreported Tanks (Based on Annual Permit Fees)									\$
<b>TANK SURCHARGE = \$20 / TANK</b>									\$
<b>STATE SURCHARGE FOR FACILITIES NOT ALREADY ON INVENTORY IN A CUPA PROGRAM = \$49.00/ FACILITY</b>									\$

<b>PERMANENT CLOSURE</b> (Removal or Permitted Closure in Place)		
TANK ID # (s) :	CLOSURE FEE = \$456 / TANK	# TANKS X \$456 =
		\$

<b>TEMPORARY CLOSURE</b> (Plan Review and Inspections)		
TANK ID # (s) :	TEMPORARY CLOSURE FEE = \$456 / FACILITY	
		\$

<b>INSTALLATION PLAN CHECK</b> (Plan Check and Construction Inspections)		
TANK ID # (s) :	PLAN CHECK FEE = \$3,040 / FACILITY	
		\$

<b>REPAIR PLAN CHECK</b>		
TANK ID # (s) :		
TANK RETROFIT REPAIR FEE = \$456 / FACILITY (use for monitoring equipment, cold starts, EVR upgrades, Spill buckets, sumps, misc.)		\$
PIPING REPAIR FEE = \$456 / FACILITY (use for piping, under-dispenser containment, etc.)		\$

<b>MISCELLANEOUS</b>		
TRANSFER FEE = \$ 25	\$	
CONSULTATION FEE = \$ 152/ HOUR	\$	
UNAUTHORIZED RELEASE EVALUATION FEE = \$ 152 / HOUR	\$	
SAMPLING INSPECTION FEE = \$ 152/ HOUR	\$	

FEES ARE BASED ON THE \$152 HOURLY RATE. TIME THAT EXCEEDS FEES PAID WILL BE BILLED TO APPLICANT.

<b>TOTAL AMOUNT DUE</b>	\$
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**OFFICE USE ONLY**

SERVICE REQUEST #	FACILITY ID	AMOUNT RECEIVED	CHECK #	RECEIVED BY	DATE RECEIVED