



Rim of the World Unified School District
Honor - Valor – Service - Pride

Board of Trustees
Dr. Natalie Lindemann, President
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CERTIFICATE OF COMPLIANCE SCHOOL FACILITY FEES
PO Box 430 Lake Arrowhead, CA 92352
(909) 336-4147

1. Applicant _____ 2. Telephone _____

3. Address (Mailing) _____ City/State/Zip _____

4. Property Owner (if different than applicant) _____ 5. Telephone _____

6. Address (Mailing) _____ City/State/Zip _____

7. Location of Project _____ Tract/Assessor Parcel Number _____

RESIDENTIAL

COMMENTS :

New Construction
 Additional Space
_____ sq.ft. X \$ _____
Total Fee of \$ _____

Commercial
 New Construction
 Additional Space
_____ sq.ft. X \$ _____
Total Fee of \$ _____

EXEMPTION Project is exempt from school facility fees due to the following: _____

The above information regarding square footage and scope of project is true. Applicant agrees that if it is later determined that the above information, or portion thereof, is not true, this certificate shall automatically terminate and the appropriate County agency shall be notified.

Applicant's Signature

This certifies that the above named applicant has paid/is exempt from School Facility Fees pursuant to current district policy and Government code provisions. Any refunds will be made to the applicant.

Authorized Agent's Signature