

2022-2023
CERTIFICATE OF COMPLIANCE
SCHOOL DISTRICT DEVELOPMENT FEES

PLEASE PREPARE A SEPARATE CHECK FOR EACH OF THE THREE PAYMENT FEES.

****NOTE: NO Personal or Business Checks. ONLY Money Orders or Cashier's Checks Will Be Accepted. ****

===== PART I- TO BE COMPLETED BY APPLICANT =====

Property Owner's Name _____ Telephone No. _____
Owner's Name _____ City/Zip _____
Project Address _____ Parcel No. _____
Subdivision Name _____ Lot No. _____ No. of Units _____

Applicants Signature _____ Title _____ Date _____

Property outside of the Community Facilities District is charged as such:

Development Type		Up Front Fees	
		Galt HS	Galt Elem.
Residential (Non JPA)	Per SqFt	(\$4.08*40%)	\$3.58
Commercial (Non JPA)	Per SqFt	(\$0.66*40%)	(\$0.78*60%)
Self-Storage	Per SqFt	TBD	\$0.08

===== PART II- TO BE COMPLETED BY PROPERTY OWNER WITHIN THE COMMUNITY FACILITIES DISTRICT =====

I hereby elect Alternate No. _____ of the Galt Joint Powers Authority Community Facilities District No. 1 as shown below:

Alternate	JPA Prepaid Tax	Annual Tax	HS Prepaid Fee	Elementary Prepaid Fee	Total Upfront
1	\$1.7099/SqFt	\$0.2273/SqFt	\$0.46	\$0.70	\$2.8699
2	\$2.8894/SqFt	\$0.1082/SqFt	\$0.46	\$0.70	\$4.0494
3	\$3.9716/SqFt	\$0.00/SqFt	\$0.46	\$0.70	\$5.1316

===== PART III- TO BE COMPLETED BY BUILDING DEPARTMENT =====

Plan Review No. _____ Square Feet of Changeable Building Area _____
Building Type (Check One): ☐ Residential ☐ Commercial/ Industrial ☐ JPA

Signature _____ Date _____

===== PART IV- TO BE COMPLETED BY SCHOOL DISTRICT =====

District Certification Number [_____]

FEES:

Residential _____ SqFt x \$ _____ \$ _____ GE
Residential _____ SqFt x \$ _____ \$ _____ GHS
JPA Alternate _____ SqFt x \$ _____ \$ _____
Commercial/ Industrial _____ SqFt x \$ _____ \$ _____

This certification covers only the amount of square footage indicated above. Any additions or corrections to the square footage for this project will require an amendment of the certificate of compliance.

As the authorized Galt School District official, I hereby certify that the requirements of Government Code Section 65995 have been complied with the above signed applicant.

Signature _____ Date _____