

**FEE REPORT FORM
BUILDING STANDARDS ADMINISTRATION SPECIAL REVOLVING FUND
(BSASRF)**

For the Quarter beginning _____ through _____ Year _____

Name of City/Town or County for which fees are being remitted:

Mailing Address: _____
Number Street

Post Office Box Number

City Zip Code

Contact Person: _____ Phone No.: _____

Email: _____

[New email address? Check here and remember to update your MailChimp subscription.](#)

Fees assessed on permits for which a valuation is determined at a rate as follows:

Permit Valuation	Fee
\$1 – 25,000	\$1
\$25,001 – 50,000	\$2
\$50,001 – 75,000	\$3
\$75,001 – 100,000	\$4
Every \$25,000 or fraction thereof above \$100,000	Add \$1

Total fees assessed: \$ _____

Less up to 10% local government retainer: \$ _____

Total fees enclosed: \$ _____

Number of permits assessed for valuation: _____

Total assessed valuation of the permits: \$ _____

Certification: *Under penalty of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.*

Authorized Signature Position Title Date

**Mail the completed Fee Report Form
and check payable to the California Building Standards Commission to:**

California Building Standards Commission
2525 Natomas Park Drive, Suite 130
Sacramento, CA 95833
www.dgs.ca.gov/BSC