

Recording requested by:

Upon recording return to:
County of Santa Cruz, DPW
Stormwater Management Section
701 Ocean Street, Room 410
Santa Cruz, CA 95060

(Space above this line for Recorder's use)

PRIVATE STORMWATER MANAGEMENT MAINTENANCE AGREEMENT

APN: _____

Application No. _____

_____, being the responsible party of the real property located at _____, California, consents and agrees to inspect and maintain annually "prior to the rainy season" and to maintain as necessary for ensuring proper performance of the stormwater management facilities on the subject property as shown on the plans prepared by _____ dated _____ per County Code 7.79. I understand that maintenance will be performed in accordance with the Operations and Maintenance Manual (attached) prepared by _____, dated _____ per County Code 7.79, and to release, defend and indemnify the County from any and all claims or liability relating to my failure to perform this obligation. I understand that County Department of Public Works staff may conduct inspections of the facility and that as the property owner, I may be assessed an annual service charge and/or re-inspection fee to cover the costs of inspection and oversight. I agree to forward a letter to the County Department of Public Works, prior to 15 October of every year, stating the date and type of service performed on these facilities. I understand that no additional impervious or semi-impervious area shall be constructed without additional County permit review and approval and mitigation updates as necessary.

This document also acknowledges that if the parcel does and will continue to receive upstream runoff, that the property owner is responsible for maintenance of the drainage pathway (natural and/or man-made) through the parcel, and that the County & Flood Control District(s) are not responsible for the upstream runoff or for the maintenance of the drainage pathway.

I have read the above agreement and understand it. This agreement shall be binding on and shall inure to the benefit of the successors, heirs, executors, administrators, and assigns of owner.

Owner _____
(Printed Name) (E-mail) (Phone)

Owner _____
(Signature)

Dated this _____ day of _____ - _____

(Note: The signature on this form must be notarized. Please attach a copy of the O&M to this form, then record the entire packet.)