

Phone: (408) 615-2466

Email: tvien@santaclaraca.gov

Mills Act Contract Audit Checklist

Submit all materials and documentation electronically via email to TVien@SantaClaraCA.gov. The deadline to submit is June 28, 2024. Planning Division staff may request additional materials.

Submit this checklist and following materials:

l.	Property Owner Contact Information ☐ All current property owners are to be included in this form.
II.	Preservation & Restoration Efforts ☐ A hardcopy of the original ten-year restoration plan that was submitted as a part of the Mills Act Contract was provided by mail. Please note next to each item whether or not it has been completed and provide any additional comments inclusive of explanations related to changes or alternations made to the original plan.
III.	Additional Projects ☐ Please fill out this form if there are any additional projects that were NOT included in the original ten-year restoration plan that have been completed. Provide a detailed description of the work completed, the year of completion and the amount spent to complete the project. Do not include projects that were already reported during the 2017 Mills Act Audit.
IV.	Photographs ☐ Please provide color photos for every completed project inclusive of projects from both the original ten-year plan and the additional projects list. All photos must be labeled and include a detailed description of the photo content.
IV.	Expenditures ☐ Please provide corresponding copies of receipts/invoices or cost estimates to indicate the amount spent towards each completed project. All scanned copies of receipts and cost estimates should include the property address and a description of the completed project.
V.	Does your property have a plaque with the year of construction? \square Yes \square No

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Mills Act Audit Property Owner Contact Information

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Property Address:						
Date of Purchase:						
Property Owner 1:						
Name:						
Mailing Address:						
City:	State:		Zip Code:			
Home Phone Number:		Cell Phone Nu	lmber:			
Email:						
Property Owner 2:						
Name:						
Mailing Address:			_			
City:	State:		Zip Code:			
Home Phone Number:	Cell Phone		Number:			
Email:						
Property Owner 3:						
Name:						
Mailing Address:						
City:	State:		Zip Code:			
Home Phone Number:		Cell Phone Nu	ımber:			
Email:						

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Mills Act Audit Additional Projects

Please list any additional projects that were <u>NOT</u> included in the original ten-year restoration plan that have been completed. Do not include projects that were also reported during the 2017 Mills Act Audit.

PROJECT DESCRIPTION	YEAR OF COMPLETION	COST

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