



Brea Civic & Cultural Center | 1 Civic Center Circle | Brea, California 92821 | [www.cityofbrea.net](http://www.cityofbrea.net)

## MILLS ACT APPLICATION

Mills Act Contract Program is California's leading financial incentive program for historic preservation. It is a revolving ten-year contract between the City Brea and an owner of a qualified historic property that allows for a potential property tax reduction in exchange for owners using the savings to offset costs to rehabilitate and restore their property. Please review the Mills Act Contract Guidelines before submitting the application. **Questions?** Please Contact the Planning Division at [planner@cityofbrea.net](mailto:planner@cityofbrea.net) or 714-990-7674

### APPLICANT INFORMATION

Property Owner(s):

Phone No.

Email Address:

Mailing Address (Street, City, State, Zip):

### PROPERTY INFORMATION

Existing Use of Historical Property:

Is the property owner occupied?  
Yes\_\_\_\_; No\_\_\_\_

Date Property Purchased by Current Owner(s):

Year Built:

Total Square Footage of Building(s):

Main Residence: \_\_\_\_\_ sq. ft.  
Garage: \_\_\_\_\_ sq. ft.

Other Building (\_\_\_\_): \_\_\_\_\_ sq. ft.  
Other Building (\_\_\_\_): \_\_\_\_\_ sq. ft.  
Other Building (\_\_\_\_): \_\_\_\_\_ sq. ft.

Lot Size (Square Feet):

Date Property Listed on **City** Historic Register:

Accessor's Parcel Number (APN):

Book \_\_\_\_\_ Page \_\_\_\_\_ Parcel \_\_\_\_\_

Are Taxes on This Property Paid to Date?

Yes\_\_\_\_; No\_\_\_\_

**STAFF USE ONLY**

Accela Record Number:

**Project Manager:**

**File Number(s):**

**Related Files:**

**SUBMITTAL INFO:**

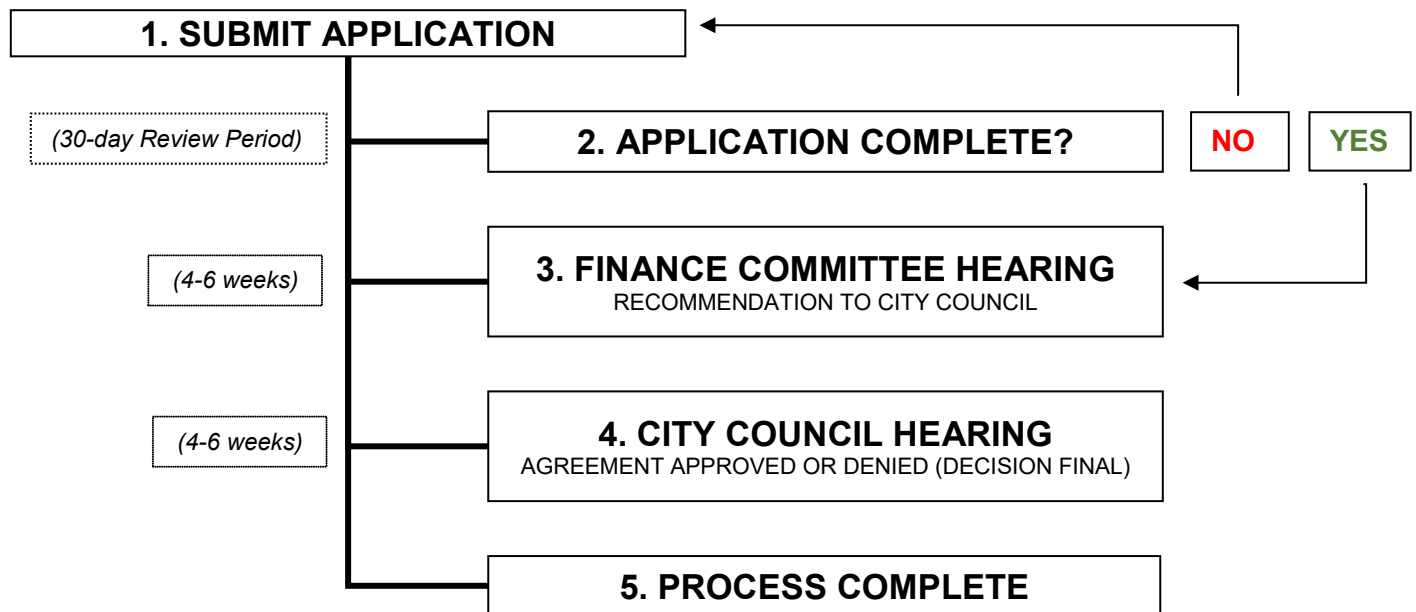
Date Time Received:

Received by:

Deposit Received:

**APPLICATION PROCESS**

The time periods indicated are approximate and can vary depending on staff time, hearing scheduling constraints, staff request for information and/or other unforeseen variable.



**SUBMITTAL CHECKLIST**

- 1. Completed Application** – The application and supporting documentation can be submitted by email at [planner@cityofbrea.net](mailto:planner@cityofbrea.net) or in-person at the front counter located on the 3rd floor of 1 Civic Center Circle, Brea CA 92821.
- 2. Written Statement** – Provide a written statement of the current condition of the property and why it would benefit from the Mills Act Contract.
- 3. Exhibit “A” from Deed**
- 4. Interior and Exterior Color Photographs** – Provide both interior and exterior photographs either on a separate sheet and label the images properly.
- 5. Copy Property Tax Bill** – Please provide the most current property tax bill.
- 6. Site Plan** – Provide a scaled site plan showing all buildings on the property including lot lines, street name(s), north arrow and dimensions.

**7. Draft Rehabilitation Plan** – See Page 4. The plan should include detailed work to be performed on the property while meeting the Secretary of the Interior Standards for the Treatment of Historic Properties, the California Building Code and all applicable Codes and Guidelines, including the Brea City Code. All estimated costs for the completion of each project must be accompanied with documentation of a professional cost estimate.

**8. Deposit** - Please visit our [Development Processing Fees](#) or contact the Planning Division to verify the deposit amount. The application requires a \$250 initial deposit to begin processing a Mills Act Contract application. This deposit is used to review the application and plans, research, conduct site visit/inspections, prepare staff reports and presentations and more. Additional funds and/or subsequent deposits may be required depending upon the level of staff time necessary to complete the project.

**9. Application Certification** – See page 5.

## PROPERTY OWNER INFORMATION & AUTHORIZATION

Legal Owner's Name *(as listed in the Orange County Assessor's records)*:

Address:

Home/Office Phone:

Cell Phone:

Email:

I hereby certify under penalty of perjury under the laws of the State of California that I am the owner(s) of the subject property and hereby apply for consideration for a Mills Act Contract.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Printed Name)

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

By: \_\_\_\_\_  
(Printed Name)

## TRUST ACCOUNT UNDERSTANDING AND AGREEMENT

All applications require the specified minimum deposit to a Trust Account. Additional funds and/or subsequent deposits may be required depending upon the specified project and level of staff time necessary. All unused funds will be reimbursed following the completion of project and/or review. Staff time devoted to your project will be billed according to our [Development Processing Fees](#). The necessary staff time will vary according to the complexity of the project and may include, initial review and ongoing project processing by City staff.

I understand that my **initial deposit is a retainer and not a fee.** This deposit will be used to set up an account, against which fees shall be charged based on the hourly rate listed in the City fee schedule in effect at the time the work is performed. **I understand that should the costs exceed the deposit, I will be billed monthly for any additional deposit amount intended to cover future charges.** If I fail to pay the fees when due, I understand that the City may stop working on the application. If the final costs are less, the unused portion of the deposit will be returned to me approximately 60 days after the conclusion of the process or final inspection of the completed project, whichever occurs later.

As the trust account owner, I assume full financial responsibility for all costs incurred by the City in processing this application(s).

**BY SIGNING BELOW, I HEREBY CONSENT THAT I UNDERSTAND THE MATTERS AS DESCRIBED ABOVE AND AGREE TO THE TERMS. I HEREBY FURTHER REPRESENT THAT I HAVE AUTHORITY TO BIND MY BUSINESS BY SIGNING ON ITS BEHALF.**

\_\_\_\_\_  
Trust Account Owner's Signature      Date

\_\_\_\_\_  
Trust Account Owner Printed Name

**MILLS ACT TEN YEAR-REHABILITATION PLAN**

The rehabilitation plan shall demonstrate how future work items would improve the property's exterior appearance, original historical character, structural integrity and future longevity. Restoration should be based on physical, documentary or pictorial evidence. Interior cosmetic work is typically not included unless it involves restoring important historical features of the interior or extensive interior restoration. New fencing, landscaping or paving is typically not included unless restoring a significant historical design feature or having an effect on the primary historic resource on the property. New construction, interior modernization remodeling and additions are not included. A professional cost estimated is required.

EXPECTED COMPLETION DATE (YEAR)	MAJOR IMPROVEMENT, REPAIRS OR MAINTENANCE TO BE COMPLETED	PROFESSIONAL COST ESTIMATE
YEAR 1  Insert Year: _____		
YEAR 2  Insert Year: _____		
YEAR 3  Insert Year: _____		
YEAR 4  Insert Year: _____		
YEAR 5  Insert Year: _____		
YEAR 6  Insert Year: _____		
YEAR 7  Insert Year: _____		

YEAR 8 Insert Year: _____		
YEAR 9 Insert Year: _____		
YEAR 10 Insert Year: _____		

**APPLICATION CERTIFICATION**

AFFIDAVIT

STATE OF CALIFORNIA        )  
COUNTY OF ORANGE        )  
CITY OF BREA                )

I, \_\_\_\_\_ (print), being duly sworn, depose and say that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof and state that the same is true and correct to the best of the knowledge.

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

Application Authorization

I, \_\_\_\_\_, (print), the owner (if other than the applicant) of the real property involved in this application, do hereby authorize the above-named person to act as my agent in the filing of this application. I understand that, if approved, the Historical Preservation Agreement must be executed by me and not the above-names agent unless power of attorney or other similar instrument is documented to the satisfaction of the City.

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Address

\_\_\_\_\_

Telephone

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public