TrakIt: Paying for Your Planning Applications Online

Thank you for your application. Staff has reviewed your submittal and set up your project with the correct types/subtypes based on the information submitted. Your attached invoice shows your project number(s) and amount(s) due. Below are the instructions on how to pay online.

Go back to where you initially applied: <u>https://epermits.cityofsanrafael.org/etrakit3</u> The page should look like the page below. Under the "Projects" header select "Search"

Welcome to the City of San Rafael Building, Fire Prevention and Public Works Permits and Records Site						
NOTE: To view attachments, right click and choose "Save link / target as" to save it to your computer.						
Ø Permits	Proj	ects	Contractor			
► Apply / New Permit ► Pay Fees	► Apply	▶ Pay Fees	► Search Contractors			
► Search Permit	▶ Search					
The second s						

You will need to log in again

Home Setup an Account Log In	Contractor V	▼ Password	t Password
Permits ► Apply / New Permit ► Search Permit	F	Public Login 🦠 ————	
 ▶ Pay Fees Projects ▶ Search Projects ▶ Pay Fees Contractor 	User Name: Password:	LOGIN	
▹ Search Contractors Properties > Search Property License	* New u Fo	isers <u>Click here</u> to Register. orgot your password?	
► Search Licenses Citation Payments ► Search ► Pay Fees			

Once logged in you will search for your projects. Select each project listed on the attached invoice.

	HOME DASHBOARD VIEWIEDIT PROFILE VIEW CART LOG OUT LOGGED IN AS: PLANNING APPLICANT	
My Dashboard	Project Search	
Permits ► Apply / New Permit ► Search Permit ► Pay Fees	Search By: Project Number Begins With Web20-001 SEARCH Click here for search example	88
Projects ▶ Search Projects ▶ Pay Fees		
Contractor		

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Project #WEB20-001
S Attachment
Project Info Site Info Contacts (2) Fees \$0.00 Inspections Conditions Chronology
Description: planning application description
Type: PLANNING APPLICATION ONLINE
Subtype:
Planner:
Status: SUBMITTED
Applied: 4/6/2020
Approved:
Closed:
Expired:
Complete:
Completer
Linked Activities:
TEL20-002 TELECOMMUNICATION PERMIT SUBMITTED
ED20-010 ED APPROVED

Click on each project number under Linked Activities individually. The Fees due for each project number are shown under the fees tab and should match the attached invoice. Hit "Add to Cart" on for each project.

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Project Search		
Search By: Project Number Begins With	SEARCH	Click here for search examples
Project #TEL20-002		
Attachment S Add To Cart		
Project Info Site Info Contacts (2) Fees \$398.00 Inspections Chronology	Conditions	Reviews
Description: Upgrade (E) Wireless Telecom Site Type: TELECOMMUNICATION PERMIT		

This will add the fee(s) to your shopping cart so that you are ready to pay.

Sh	opping Cart	LE VIEW CART LOG OUT LOGGED IN AS: PL	ANNING APPLICANT	
	Item	Туре	Site Address	Amount
	PRO JECT (ED20-010)	ED	1299 4TH ST	\$1,167.00
•	TROJECT (ED20-010)			
	PROJECT (TEL20-002)	TELECOMMUNICATION PERMIT	1400 5TH AVE	\$398.00
	PROJECT (TEL20-002)	TELECOMMUNICATION PERMIT	1400 5TH AVE Tota	\$398.00 al: \$1,565.00

Make sure the fees you are paying for are checked and Select "Proceed to Checkout" You will then see your payment Summary. If everything looks correct, select "Proceed to Payment"

ŀ	IOME DASHBO	oard View/edi	T PROFILE VIEW CART LOG OUT	LOGGED IN AS: PLANNIN	G APPLICANT
	Checkoı	ut Summary			
	PROJECT	(ED20-010)	1299 4TH ST DESIGN REVIEW - STAFF/ADMIN	\$1,167.00	
	PROJECT	(TEL20-002)	1400 5TH AVE ADMINISTRATIVE REVIEW	\$398.00	
			Total Fees:	\$1,565.00	
			Total:	\$1,565.00	
	BACK TO SI	HOPPING CART	PROCEED TO PAYMENT		

Fill in payment details and select "Pay Now"

Drder Information	* Required Field
Description	Invoice Number: 2020040816564
Description:	
	Total: \$1565.00 (USE
Payment Information	
Payby	bit Bank Account (USA Ore)
Card Number:	(enter number without spaces or dashes)
Card Number: Expiration Date:	(enter number without spaces or dashes) (mmyy)
Card Number: Expiration Date: Billing Information First Name:	(enter number without spaces or dashes) (mmyy) Last Name:
Card Number: Expiration Date: Billing Information First Name: Company:	(enter number without spaces or dashes) (mmyy) Last Name:
Card Number: Expiration Date: Billing Information First Name: Company: Address:	(mmyy) Last Name:
Card Number: Expiration Date: Billing Information First Name: Company: Address: City;	(enter number without spaces or dashes) (mmyy) Last Name:
Card Number: Expiration Date: Billing Information First Name: Company: Address: City: State/Province:	(enter number without spaces or dashes) (mmyy) Last Name: Zip/Postal Code:
Card Number: Expiration Date: Billing Information First Name: Company: Address: City: State/Province: Country:	(renter number without spaces or dashes) (mmyy) Last Name:
Card Number: Expiration Date: Bitting Information First Name: Company: Address: City: State/Province: County: Email:	(renter number without spaces or dashes) (mmyy) Last Name: Zip/Postal Code:
Card Number: Expiration Date: Bitting Information First Name: Company: Address: City: State/Province: County: Email: Phone:	(renter number without spaces or dashes) (mmyy) Last Name:

A copy of your invoice will be visible under attachments on the online record:

HOME DASHBOARD VIEW/	EDIT PROFILE VIEW CART LOG OUT LOGGED IN AS: PLANNING APPLICANT
Project Search	
Search By: Project Number	r V Begins With V web20-001 SEARCH Search examples
Search Results	Project #WEB20-001
	Ø Attachment
Search Deputte	Project Info Site Info Contacts (2) Fees \$0.00 Inspections Condition
	Description: planning application description
WEB20-001	Type: PLANNING APPLICATION ONLINE
	Subtype:
	Planner:
	Status: SUBMITTED
	Applied: 4/6/2020
	Approved:
	Closed:
	Expired:
	Status:
	Complete:
	Linked Activities:
	TEL20-002 TELECOMMUNICATION PERMIT SUBMITTED
	ED20-010 ED SUBMITTED
	Attachments: WEB20-001Invoice.pdf WEB20-001Invoice.pdf

SAMPLE INVOICE



INVOICE / RECEIPT

Date:	4/8/2020	
Application Number:	WEB20-001 1	
Address:	1400 5TH AVE	
APN	01120812	
Applicant:	Test User	
Owner:	Tect Ucer	
Project Description:	planning application description	

FEES DUE

Project Number	Description	Code	Amount
ED20-010	DEBIGN REVIEW - STAFF/ADMIN	3138	\$1,167.00
TEL20-002	ADMINISTRATIVE REVIEW	3122	\$398.00
		TOTAL Fees Charged:	\$1565.00
		Payments Received:	\$0.00
		Balance Due:	\$1565.00

WHEN VALIDATED BELOW, THIS IS YOUR RECEIPT

Refund requests must be made in writing and will be subject to a 20% processing fee.