

(ATTACHMENT A)

NON-RESIDENTIAL BUSINESS DEVELOPMENT SPECIAL DISTRICT IMPACT FEE
OFFSET INCENTIVE PROGRAM

APPLICATION

Date of Application _____

<p>Check the SPECIAL DISTRICT for which offset is requested:</p> <p><input type="checkbox"/> Cameron Park CSD for the Cameron Park Fire Dept.</p> <p><input type="checkbox"/> Diamond Springs-El Dorado Fire Protection Dist.</p> <p><input type="checkbox"/> El Dorado County Fire Protection Dist.</p> <p><input type="checkbox"/> El Dorado Hills County Water Dist. for the El Dorado Hills Fire Dept.</p> <p><input type="checkbox"/> Garden Valley Fire Protection Dist.</p> <p><input type="checkbox"/> Georgetown fire Protection Dist.</p> <p><input type="checkbox"/> Lake Valley Fire Protection Dist.</p> <p><input type="checkbox"/> Mosquito Fire Protection Dist.</p> <p><input type="checkbox"/> Pioneer Fire Protection Dist.</p> <p><input type="checkbox"/> Rescue Fire Protection Dist.</p>	<p>Indicate whether a fee offset has been previously denied for this project or site.</p> <p><input type="checkbox"/> *Yes</p> <p><input type="checkbox"/> No</p> <p>*If yes, please explain:</p>
<p>Identify targeted business sector(s):</p> <p><input type="checkbox"/> Advanced Manufacturing & Technology</p> <p><input type="checkbox"/> Research & Development</p> <p><input type="checkbox"/> Alternative Energy/Green Technology</p> <p><input type="checkbox"/> Health & Wellness</p> <p><input type="checkbox"/> Other:</p>	

PROJECT	
Project Name:	Assessor's Parcel Number:
Site Address:	Site Acreage:
Project Description:	
Indicate the number, type and salary of full-time jobs created:	

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APPLICATION

APPLICANT	
Company Name:	Contact Person and Title:
Mailing Address:	Telephone & Fax Number(s):

REAL PROPERTY OWNER	
Company Name:	Contact Person and Title:
Mailing Address:	Telephone and Fax Number(s):
Legal Structure: (e.g., corporation, partnership, limited partnership, limited liability company, etc.)	
If property owner is a partnership, list or attach a list of all general and limited partners:	
Provide a sample signature block for the offset agreement:	

TITLE COMPANY	
Company Name:	Contact Person and Title:
Mailing Address:	Telephone & Fax Number(s):
Escrow Number:	Estimated Closing Date:

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**NON-RESIDENTIAL BUSINESS DEVELOPMENT SPECIAL DISTRICT IMPACT FEE
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APPLICATION

THE FOLLOWING MUST BE SUBMITTED BEFORE THIS APPLICATION IS COMPLETE

- 1) Statement of value, or projected return on investment, if incentive is awarded.
- 2) Preliminary Title Report.
- 3) Evidence of legal authority for signatory of Application (copy of limited partnership agreement, articles of incorporation, other legal documentation).
- 4) One (1) set of building plans with sufficient detail to calculate the amount of impact fees.

Please provide any additional information you feel will be helpful in the consideration of this application, such as planning approvals (zoning, use permits, tentative maps, development plans, etc.) with date of approvals. Also, any other names by which the project may be known or have been processed.

SIGN AND DATE

I certify under penalty of perjury under the laws of the State of California that the information stated above is true and that I am duly authorized on behalf of the Applicant to execute this application as of the date stated above.

Signature: _____

Printed Name: _____

Date: _____

SUBMIT APPLICATION PACKAGE TO:

County of El Dorado
Chief Administrative Office, Economic Development Department
330 Fair Lane, Bldg. A
Placerville, CA 95667

For questions or more information:

Phone: (530) 621-5595

Email: Economic.Development@edcgov.us

References: Policy J8