



COUNTY OF EL DORADO

B-2 FEE WAIVER REQUEST

Applicant Information

Email: _____

Applicant Name: _____ Daytime Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Applicant Type (check all that apply):

☐ Nonprofit Organization

- Copy of IRS Determination Letter verifying 501(c)(3), or other nonprofit, tax-exempt status; or
- Copy of California Secretary of State business entity record showing active nonprofit corporation status

☐ Public Agency (Federal, State, or Local)

- Copy of an official letter or email on agency letterhead verifying the agency's public status; or
- Copy of a Board resolution, contract, or interagency agreement; or
- Agency's Employer Identification Number (EIN) confirming public/government classification.

☐ Special District

- Copy of written Board approval.

☐ Private, For-Profit Business or Individual

- Copy of Business License issued by the County of El Dorado; or
- Copy of Fictitious Business Name Statement or Articles of Incorporation filed with the California Secretary of State; or
- Copy of professional license or certification.

Property Owner Information

Email: _____

Landowner Name: _____ Daytime Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Project Information

Property Address: _____

City: _____ State: _____ Zip: _____

Assessor's Parcel Number(s): _____

Project Description:

Provide a brief description of the project or activity (e.g., event, fundraiser, repair, etc.), how it will benefit the broader community, and, if applicable, explain how any proceeds will be used. You may also attach a narrative to your application.

Applicant Certification and Signature

_____ I hereby certify that the information provided in this application and any accompanying materials is true and correct to the best of my knowledge. I understand that any misrepresentation or omission may result in withdrawal of approval, termination of any related agreements, and repayment of any waived fees.

_____ I further acknowledge that any fee waiver authorized by the County of El Dorado shall not exceed a total of \$5,000 per fiscal year (July 1 through June 30) and per project, and that I am responsible for all non-eligible fees, including but not limited to technology fees, green building fees, and other required administrative or regulatory charges.

By signing below, I agree to comply with all applicable County regulations, ordinances, and permit conditions.

Applicant Name (print): _____

Title/Organization: _____

Signature: _____ **Date:** _____

COUNTY APPROVALS – STAFF USE ONLY

Fees Waived	
Agriculture	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
Air Quality	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
Environmental Management	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
Parks and Trails	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
Planning and Building	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
Surveyor	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
Transportation	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
_____	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Approval: _____
<i>Please attach estimates.</i>	
Estimated Amount Waived: _____	
BOS Hearing Date: _____	
Permit/Project Number: _____	

Fees Waived		
CAO Recommendation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date: _____
Amount Waived: _____		
BOS Hearing Date: _____		
Permit/Project Number: _____		