



## 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  No  N/A  Approval: \_\_\_\_\_

Air Quality Yes  No  N/A  Approval: \_\_\_\_\_

Environmental Management Yes  No  N/A  Approval: \_\_\_\_\_

Parks and Trails Yes  No  N/A  Approval: \_\_\_\_\_

Planning and Building Yes  No  N/A  Approval: \_\_\_\_\_

Surveyor Yes  No  N/A  Approval: \_\_\_\_\_

Transportation Yes  No  N/A  Approval: \_\_\_\_\_

\_\_\_\_\_ Yes  No  N/A  Approval: \_\_\_\_\_

\_\_\_\_\_ Yes  No  N/A  Approval: \_\_\_\_\_

*Please attach estimates.*

Estimated Amount Waived: \_\_\_\_\_

BOS Hearing Date: \_\_\_\_\_

Permit/Project Number: \_\_\_\_\_

### Fees Waived

CAO Recommendation Yes  No  Date: \_\_\_\_\_

Amount Waived: \_\_\_\_\_

BOS Hearing Date: \_\_\_\_\_

Permit/Project Number: \_\_\_\_\_