

## **FEE WAIVER PROCEDURE**

1. Applicant meets with staff member to receive application materials. If applicant wishes to request a waiver of fees, the staff member gives the applicant a “Request for Fee Waiver” form.
2. Request for Fee Waiver and fees taken concurrently with the application. If waiver request conforms to the adopted Board policy, the staff member can waive fees at that time. The county land use departments shall receive copies of the approved waiver.
3. Request for Fee Waivers that do not conform to the adopted Board policy are routed to the other land use departments for review and recommendation concurrent with interdepartmental review. Routed materials must include the Request for Fee Waiver, the project description and plans prepared by the applicant.
4. The other county land use departments shall include their recommendations on the fee waiver as part of their interdepartmental review. If no recommendation is received it shall be deemed that the department(s) concur in the request.
5. After receiving the departments’ recommendations the Director will consider the fee waiver request and forward a recommendation to the Planning Commission.
6. The applicant and land use agencies shall be notified of the date and time of the Planning Commission’s consideration of the Director’s recommendation.

### Payment of Fees:

All fees shall be paid at the time of the filing an application or an appeal. Should the fees subsequently be waived, the fees shall be refunded within thirty days of the fee waiver.



## FEE WAIVER REQUEST

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**Monterey County Planning & Building Inspection Department**  
 168 West Alisal, Salinas, CA 93901  
 (831) 755-5025

**Property owner:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Agent:** \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_  
 Description of Project: \_\_\_\_\_

Fee Waiver Justification: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(attach additional information if needed)*

<i>Department use only</i>	
Given out:	By:
Received:	By:
Referred to other agencies:	
<b>Fees waived by Director ?                      <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      Date</b>	
Basis for Waiver	
Amount of Fees waived: P&BI	
Health	
WRA	
PWD	