

SUBMIT TO:
Board of Supervisors
575 Administration Dr, Ste 100A
Santa Rosa, CA 95403

COUNTY OF SONOMA

For Board of Supervisors Use Only

Fee Waiver/Board Sponsorship Request Form

1. Contact information for individual requesting fee waiver/sponsorship:

Name: Tina Marchetti
First Middle Last

Mailing Address: 3850 Doris Murphy Ct Occidental CA 95465
Number, Street, Apt/Suite City State Zip

Phone: [REDACTED] Email: tina@occidentalcenterforthearts.org
Area Code, Number

2. Name of Community Based Organization, Non-Profit, or Government Agency for which fee waiver/sponsorship is requested:

Name: Occidental Center for the Arts

Mailing Address: 3850 Doris Murphy Court Occidental CA 95465
Number, Street, Apt/Suite City State Zip

Phone: (707) 874 - 9392 Email: tina@occidentalcenterforthearts.org
Area Code, Number

3. Please indicate by check mark the supervisory district in which the organization or agency submitting this request is located, where the project/activity/event will be held, and the district office to whom you would like to submit this request:

Board Member and District	Susan Gorin District 1	David Rabbitt District 2	Chris Coursey District 3	James Gore District 4	Lynda Hopkins District 5
Entity or organization location (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Project/activity/event location (select all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
District office to receive request (select only one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4. Type of Community Based Organization, Non-profit, or Government Agency for which the fee waiver/sponsorship is requested:

☐ City ☐ Special District ☐ Other Local Government
☐ School ☒ Non-profit or CBO

Other (please specify): _____

5. Please provide a description of the project/activity/event for which a fee waiver/sponsorship is being requested on a separate sheet of paper. Please include the number of individuals who will participate or be served, etc.

6. Please indicate if this is a one-time or annual event: ☐ One Time ☒ Annual

7. Type and amount of fee waiver/sponsorship requested. Please list all County fees you are requesting be waived/sponsored in conjunction with this project/activity/event. Please attach a copy of an estimate or receipt from the County Department or Veteran's Building Operator documenting the amount of each fee you are requesting be waived/sponsored.

Department Assessing Fee	Type of Fee	Amount of Fee
prmd	technology enhancement	\$14.64
prmd	parade permit & special event permit zoning review	\$1,126.00
prmd	special event zoning review/office review/plan rev	\$301.87

8. If your Community Based Organization, Non-Profit, or Governmental Agency has received a fee waiver/sponsorship for a similar project/activity/event in the past, please list below:

Date of Fee Waiver	Department Assessing Fee	Type of Fee	Amount of Fee
4 / 30 / 2024	PRMD	Parade permit & associated fees	\$1,140.64
4 / 18 / 2023	PRMD	Parade permit & fees	\$949.18
4 / 2 / 2022	PRMD	Parade permit & fees	\$878.00
/ /			

9. Does the organization or agency for which the fee waiver/sponsorship is requested receive funding from any of the following sources? If so, please specify:

☐

Property Tax

☐

Sales Tax

☐

Special Assessment

☐

User Fees

Other (please specify): _____

10. If you checked any of the boxes in number 9 above, please provide an explanation and supporting documentation regarding the inability of the organization or agency to pay the fees which you are requesting be waived/sponsored. Please attach to this form and submit with your request.

11. Will the organization or agency be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver/sponsorship? If so, please provide an explanation detailing why the fees to be waived/sponsored cannot be recovered through the entry fee. Please attach to this form and submit with your request.

Authorized Signature

Executive Director

Title

Date



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

Application Fees / Invoice # 493697 on 03/07/2024 for: SPE24-0007

Site Address: 1 Countywide

Activity Type: Special Event

APN: 000-000-001

Initialized By: SMILLIRO

Fire District:

Insp Area:

Valuation: \$0.00

Ag/Comm/Res:

Description: Occidental Fool's Parade - Saturday April 5th, 2025 (YR2) - Occidental CA - Event starts at Occidental Community Center at intersection of Graton Rd and Bohemian Hwy. Travels along Main St, crossing Bohemian Hwy at First St, north through parking lot area, to Bohemian Hwy, ending at the Occidental Center for the Arts. Occidental Volunteer Fire Dept. assists with safety and monitoring of traffic.

Owner:

Applicant: Occidental Center for the Arts
3850 Doris Murphy Ct
Occidental, CA 95465
707-874-9392

Fee Item	Description	Account Code	Total Fee
0140-000	Technology Enhancement	26010104-45321-10005	\$14.64
0412-000	Filming, Parades, Carnivals - Permit	26010111-45171-10005	\$787.00
1364-000	Special Event Permits - Zoning Review pre-Event	26030200-45301-11156	\$339.00

Invoiced Fees: **\$1,140.64**

When validated below, this is your receipt

Total Paid: **\$0.00**

Project Balance Due: **\$1,442.51**

Refunds of fees paid may be made pursuant to Section 108.6 of Appendix 1 of the California Building Code and adopted model codes, subject to the following:

- 1) 100% of a fee erroneously paid or collected.
- 2) 90% of the plan review fee when an application for a permit is withdrawn or cancelled or expires or becomes void before any plan review effort has been expended. No portion of the plan review fee shall be refunded when any plan review effort has been expended.
- 3) 90% of the building, plumbing, electrical, and/or mechanical fee may be refunded when a permit is withdrawn, or cancelled or expires or becomes void before any work was done and before any inspections are performed. No portion of these fees shall be refunded when any work was done and/or any inspections have been performed.
- 4) Application for refund must be made within one year.



COUNTY OF SONOMA
PERMIT AND RESOURCE MANAGEMENT DEPARTMENT

2550 Ventura Avenue, Santa Rosa, CA 95403-2829
(707) 565-1900 FAX (707) 565-1103

Application Fees / Invoice # 518015 on 03/10/2025 for: SPE24-0007

Site Address: 1 Countywide

Activity Type: Special Event

APN: 000-000-001

Initialized By: SMILLIRO

Fire District:

Insp Area:

Valuation: \$0.00

Ag/Comm/Res:

Description: Occidental Fool's Parade - Saturday April 5th, 2025 (YR2) - Occidental CA - Event starts at Occidental Community Center at intersection of Graton Rd and Bohemian Hwy. Travels along Main St, crossing Bohemian Hwy at First St, north through parking lot area, to Bohemian Hwy, ending at the Occidental Center for the Arts. Occidental Volunteer Fire Dept. assists with safety and monitoring of traffic.

Owner:

Applicant: Occidental Center for the Arts
3850 Doris Murphy Ct
Occidental, CA 95465
707-874-9392

Fee Item	Description	Account Code	Total Fee
0140-000	Technology Enhancement	26010104-45321-10005	\$3.87
0706-000	Office Review - Building/Engineering Permit Clearance	26010111-45061-10005	\$115.00
1292-000	Over-the-Counter Plan Review - Hourly Rate	26030100-45301-11155	\$183.00
Invoiced Fees:			\$301.87
Total Paid:			\$0.00
Project Balance Due:			\$1,442.51

When validated below, this is your receipt

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- 1) 100% of a fee erroneously paid or collected.
- 2) 90% of the plan review fee when an application for a permit is withdrawn or cancelled or expires or becomes void before any plan review effort has been expended. No portion of the plan review fee shall be refunded when any plan review effort has been expended.
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