

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

COUNTY OF SONOMA

Fee Waiver Request Form

For Board of Supervisors Use Only

1. Contact information for individual requesting fee waiver:

Name: Kim J Hanson
First Middle Last
Mailing Address: [REDACTED]
Number Street City State/ZIP
Phone: [REDACTED] Email: [REDACTED]
Area Code/Number

2. Name of organization or entity for which fee waiver is requested:

Name: Penngrove Social Firemen
Mailing Address: [REDACTED]
Number Street City State/ZIP
Phone: [REDACTED] Email: [REDACTED]

3. Please indicate by check mark the supervisory district in which the organization or entity 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	Valerie Brown District 1	David Rabbitt District 2	Shirlee Zane District 3	Mike McGuire District 4	Efren Carrillo District 5
Entity or organization location (select all that apply)	☐	☒	☐	☐	☐
Project/activity/event location (select all that apply)	☐	☒	☐	☐	☐
District office to receive request (select only one)	☐	☒	☐	☐	☐

4. Type of organization or entity for which the fee waiver is requested:

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

Other Fees (please specify): _____

5. Please provide a description of the project/activity/event for which a fee waiver is being requested on a separate sheet of paper. Please include the type of project/activity/event, 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(s) requested. Please list all County fees you are requesting be waived in conjunction with this project/activity/event:

Department Assessing Fee	Type of Fee	Amount of Fee
Permit Sonoma	Technology Enhancement	\$3.98
Permit Sonoma	Office Review fee	\$118.00
Permit Sonoma	Over the counter plan review	188.00

8. If your entity or organization has received a fee waiver(s) for a similar project/activity/event in the past, please list fee waivers below:

Date of Fee Waiver	Department Assessing Fee	Type of Fee	Amount of Fee
11/12/2024	Permit Sonoma	Special Event - Multi year	\$301.87
11/28/2023	Permit Sonoma	Special Event	\$1,140.64
11/8/2022	Permit Sonoma	Special Event	\$949.18
11/2/2021	Permit Sonoma	Special Event	\$878.00

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

☐ Property Tax
☐ User Fees

☐ Sales Tax

☐ Special Assessment

Other Fees (please specify): _____

10. If the organization or entity receives tax funding or has the ability to assess fees, please provide an explanation and supporting documentation regarding the complete inability of the organization or entity to pay the fees which you are requesting be waived. Please attach information/documentation to this form and submit with your request for a fee waiver.
11. Will the organization or entity be charging an entry fee or be requesting a donation for the project/activity/event for which you are requesting a fee waiver? If so, please provide an explanation and supporting documentation detailing why the fees to be waived cannot be recovered through the entry fee. Please attach information/documentation to this form and submit with your request for a fee waiver.

Authorized Signature

10/8/2025

Date

PSF Secretary/Parade Chair

Title