

SUBMIT TO:

# COUNTY OF SONOMA

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

For Board of Supervisors Use Only

## Fee Waiver/Board Sponsorship Request Form

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

Name: Margie Foster  
Middle Last

Mailing Address: [Redacted] Glen Ellen CA 95442  
City State Zip

Phone: [Redacted] Email: [Redacted]  
Area Code, Number

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

Name: Glen Ellen Fair Assn.

Mailing Address: Po Box 96 Glen Ellen CA 95442  
Number, Street, Apt/Suite City State Zip

Phone: ( ) - Email: \_\_\_\_\_  
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project/activity/event location (select all that apply)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District office to receive request (select only one)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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): \_\_\_\_\_

*see attached*

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	Tech Enhancement	3.87
PRMD	Office Review - Bldg/Engin. Permit	115.00
PRMD	Plan Review	183.00
	TOTAL	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
9/12/23	PRMD ?	Use Permit - Special Event	1036.30
9/20/22	PRMD ?	Special Event Permit	949.18
9/14/21	PRMD ?	Special Event Permit	1106.00
1/1			

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): Vendor Booth Fees, Raffle, Silent Auction

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.



Treasurer  
Title

8/7/24  
Date

See Attached

**Fee Waiver/Board Sponsorship Request Form, Additional Information:**

Submitted by: Glen Ellen Village Fair Assn.

**#5: Description of event.** Glen Ellen has, for over 30 years, organized an annual Village Fair to celebrate our town, our people and our community. We bring together craft, food and non-profit vendors, provide entertainment and generally celebrate all that is wonderful in Glen Ellen and Sonoma Valley. There are typically 1,000 Fair-goers who come out on this special day to celebrate Glen Ellen.

**#10: Inability to pay fees:** The fair generates funds from vendor fees (which are kept lower than most other events), raffle ticket sales, and recently, a silent auction. These funds received do NOT cover the expenses of event insurance (\$1,000), CHP road closer coverage (\$2300), PortaPotties (\$2,000), Recycle/garbage bins (\$550), advertising (\$300), not to mention general operating expenses. We also have applied for grants when they have become available. But increased expenses are always a struggle to meet.

**#11: Entry fee:** No entry fee is charged to join in the festivities of the Glen Ellen Village Fair....everyone is welcome to join in the celebration of our community!



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 # 503145 on 07/09/2024 for: SPE23-0021

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: Glen Ellen Village Fair - Sunday, October 13th, 2024 - Arnold Dr closed from Warm Springs Rd to London Ranch Rd from 9:00am to 6pm - CHP is on-site for traffic control.

Owner:

Applicant: Glen Ellen Fair Association
PO Box 96
Glen Ellen, CA 95442
707-996-3352

Table with 4 columns: Fee Item, Description, Account Code, Total Fee. Rows include Technology Enhancement (\$3.87), Office Review - Building/Engineering Permit Clearance (\$115.00), and Over-the-Counter Plan Review - Hourly Rate (\$183.00).

Invoiced Fees: \$301.87

When validated below, this is your receipt

Total Paid: \$1,036.30

Project Balance Due: \$301.87

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.
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.
4) Application for refund must be made within one year.