



# EL DORADO COUNTY

## DEPARTMENT OF TRANSPORTATION

2850 Fairlane Court, Placerville, CA 95667  
Phone (530) 621-5900, Fax (530) 626-0387

### TRAFFIC IMPACT FEE APPEAL APPLICATION

This application is to be used to request an appeal of the adopted County of El Dorado Traffic Impact Fees (TIF) in accordance with the County of El Dorado Ordinance 5144, Section 12.28.070.

#### 1. APPELLANT PROJECT INFORMATION

Project Type:

Residential     Commercial     Office/Medical     Industrial/Warehouse

Other \_\_\_\_\_

Assessor's Parcel Number (APN): \_\_\_\_\_

Street address of project: \_\_\_\_\_

Permit Number (if applicable): \_\_\_\_\_

#### 2. APPELLANT INFORMATION

Appellant's name (print): \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

- Is the appeal being filed on your behalf or on behalf of another party, organization, or company?

Self     Other: \_\_\_\_\_

#### 3. REPRESENTATIVE/AGENT INFORMATION

Representative/Agent Name (if applicable): \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### 4. JUSTIFICATION FOR APPEAL

Is the appellant requesting a reduction or appeal of the entire Traffic Impact Fee?

- Reduction                       Appeal of Entire Fee

Attach a separate sheet providing your reasons for appeal, which must state the following:

- The written reason for appeal
- Complete written description of the project including:
  - Specific project information including hours of operation, square footage of proposed building/structure, number of employees, number of occupants/users
- Trip generation analysis prepared and stamped by licensed Civil or Traffic Engineer
- Previous permits or traffic impact mitigation fees paid (if applicable)

#### 5. HARDSHIP WAIVER

Is the appellant requesting a hardship waiver, in lieu of paying the fees upfront?

- Hardship Waiver Requested       Not Applicable

The appellant shall include in that application payment in full of fees as established in the TIF Program Fee Schedule. The appellant may request to establish an alternative arrangement to pay the fees due by providing the Director a bond, letter of credit, or other security that demonstrates the applicant will pay the full amount when due. The appellant shall also attach to this form a statement of reasons why it would be a financial hardship for the appellant to pay the fees in full during the pendency of this appeal and the type of alternative payment arrangement requested. Appellant shall also attach to that statement requesting an alternative payment arrangement documentation demonstrating a financial hardship. Appellant understands that the decision to grant the waiver is in the sole discretion of the Director.

#### 6. APPLICANT'S AFFIDAVIT

I certify, under penalty of perjury, that the statements contained in this application, along with all supporting documents attached to this application, are complete and true. Appellant also acknowledges that a third party review may be required and appellant will be charged a fee to cover cost of the review.

Appellant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 7. FILING REQUIREMENTS/ADDITIONAL INFORMATION

- An electronic copy and/or one (1) hardcopy set of the following documents are required for each appeal filed:
  - Appeal Application
  - Documentation for Justification/Reason for Appeal

**The filing of this Application for Appeal does not relieve you from compliance with the protest procedures described in section 66020 of the California Government Code. If you fail to file a timely protest that complies with all the requirements of California Government Code section 66020 regarding any of the fees, dedication requirements, reservation requirements, or other exactions imposed on your project, you will be legally barred from later challenging such exactions in court.**

**FOR COUNTY USE ONLY**

Appeal Received Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Permit Number: \_\_\_\_\_

**HARDSHIP WAIVER STATUS:**

Approved     Disapproved     N/A

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPEAL STATUS:**

Approved     Disapproved

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES IN TRAKIT:**

Fees Waived     Fees Due: \_\_\_\_\_

Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_