

Placer County Health and Human Services

Environmental Health Services

3091 County Center Dr, Ste 180

Auburn, CA 95603

(530) 745-2300 FAX (530) 745-2370

775 N. Lake Blvd. #203, PO Box 1909

Tahoe City, CA 96145

(530) 581-6240 FAX (530) 581-6242

FEE DISCLOSURE

The purpose of this disclosure is for you to be aware, in advance, that your application may result in additional charges.

Environmental Health Services are largely fee dependent and most fees are collected at the time of application. However, there are numerous services provided where a basic minimum fee is collected, then if the basic minimum time covered by that fee is exceeded, an additional charge is made.

It is the policy of Placer County Environmental Health to process applications in an efficient and timely manner. A time accounting and reporting system is in place to track these activities. If an additional amount is required it shall be paid prior to issuance of a permit, approval, or report. An account status is available upon request.

Staff time includes field visits, travel time, consultations in the office or by telephone, report review and application/permit processing. Time may include research for special/unique situations. If you are not sure of a potential charge, please contact this office for clarification.

POLICY STATEMENTS

APPLICABILITY

Refund requests must be made within 12 months of the *date listed on the receipt*.

Refunds are made to the person who originally paid the fee (i.e. the person who signed the check.)

Requests for refund must have an original receipt attached, as it is the applicant's responsibility to provide proof of the amount of original payment.

Administration fees will be calculated at a cost of 0.75 hours, charged at the Division's current hourly rate, and will be deducted from the refund to help cover the costs associated with processing the refund.

PLEASE READ AND SIGN THE STATEMENT BELOW

I understand that I have paid a fee of \$_____ for a _____ inspection.
This is equivalent to _____ hours of staff time. I also understand that if staff time exceeds this fee, I will be charged an additional amount based upon actual time and at the current hourly rate of \$_____ per hour. The rate in effect at the time the service was actually performed shall apply.

Please print your name

File Name/APN

Your Signature

Date