



Public Facilities Fee Exemption Criteria Form

This form is to be completed once the Stanislaus County Public Facilities Fees Administrative Guidelines have been reviewed:

<https://www.stancounty.com/ceo/econ-dev/pdf/adminguidelines.pdf>

Form Instructions:

- Complete all sections that apply to your project.
- Attach all supporting documents as required.
- Submit the completed form to inacioe@stancounty.com

1. Project Information

- a) Contact Information (*individual completing/submitting form*):
- b) Project Name:
- c) Project Location:
- d) Property Owner Name:
- e) Future Property Owner:
- f) Developer Name:
- g) Number of Units:
- h) Primary Funding Source(s):
- i) PFF Estimate:
(*Obtain estimate from Planning & Community Development Dept. by emailing: building@stancounty.com*)
- j) Number of Units by Income Level:

2. Exemption Criteria

- ☐ Public facilities developed by state and local agencies, utilities, fire districts, public schools, housing agencies, or community service districts.
- ☐ Facilities developed on publicly owned properties that will eventually become the property of the public owner (e.g., a privately constructed building on County-owned land that becomes County property after the lease term).

3. Supporting Documentation

Please attach any necessary documents to verify the criteria checked above.

- ☐ Public Facility Documentation

- ☐ Site Plans or Drawings with square footage by use type
 - ☐ PFF Estimate Spreadsheet
(Obtain estimate from Planning & Community Development Dept. by emailing: building@stancounty.com)
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4. Additional Project Details

- Project Description/Scope:
 - Estimated Completion Date:
 - Total Project Cost:
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5. Certification

By signing this form, I certify that the information provided is accurate and that the project meets the exemption criteria as checked above. I understand that submitting false information may result in disqualification from the exemption program.

- Authorized Representative Name:
- Title/Position:

Signature: _____

Date: _____

For Department Use Only:

Date Received: _____

Date Reviewed: _____

- ☐ Shared with PFF Committee (Date)
- ☐ Refer to PFF Committee for more discussion (Referral Date)
- ☐ Approved (Date)
- ☐ Denied (Date)

Signature: _____

Print Name: _____