



**COUNTY OF NEVADA  
 COMMUNITY DEVELOPMENT AGENCY  
 CODE COMPLIANCE DIVISION  
 950 MAIDU AVENUE, STE 170, PO BOX 599002  
 NEVADA CITY, CA 95959-7902  
 (530)265-1222 <http://nevadacountyca.gov>**

Trisha Tillotson  
 Community Development Agency Director

Matt Kelley  
 Code & Cannabis Compliance Director

**ADMINISTRATIVE CITATION  
 APPLICATION FOR HARDSHIP WAIVER**

Under Government Code section 25132, subdivision (f), if the County levies a second-level or third-level fine pursuant to Nevada County Code section 12.05.220, subd. K. 1. or K. 2., the County must establish a process for granting a hardship waiver to reduce the amount of the fine upon a showing by a responsible party that:

- (1) the responsible party has made a bona fide effort to comply after the first violation, **and**
- (2) payment of the full amount of the fine would impose an undue financial burden on the responsible party.

Information provided on this form will be used to determine if your hardship waiver will be granted. Other than for possible use in the collection process should you fail to pay a fine, the information is confidential. If a hardship waiver is granted, the County will reduce the fine by 50%.

In determining if a temporary hardship waiver will be granted, the County may request additional information, such as copies of tax returns and other financial documents.

Under Nevada County Code section 12.05.220 L., all fines, penalties, and Administrative Costs are due within 21 calendar days of service of an administrative citation. Any application for a hardship waiver must be received within 21 calendar days of service of an administrative citation. An application for a hardship waiver does not preclude enforcement of continuing violations, including abatement orders and imposition of fines, penalties, and administrative costs.

**Failure to provide the information requested on this form may lead to the denial of your hardship waiver.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 CITATION NO: \_\_\_\_\_ FINE AMOUNT: \$ \_\_\_\_\_

Please use the space below to explain how you made a bona fide effort to comply after the first violation. Please provide evidence, if possible, in the form of inspection records, photographs with time stamps, work receipts, records of communications, etc:

---

---

---

Please attach additional pages if you require more space.

---

### **EMPLOYMENT, ASSETS & INCOME**

Please provide the following financial information:

Employed-Full Time     Employed- Part Time     Unemployed     Disabled

Public Assistance     Social Security     Retirement income

Other (Please describe) \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Employer's Telephone: \_\_\_\_\_

Household Net Monthly Income (take home pay, unemployment, etc.):

\$ \_\_\_\_\_ monthly

If unemployed, number of months of unemployment: \_\_\_\_\_ months

Number of dependents supported (excluding yourself): \_\_\_\_\_ persons

Names and ages of those you support:

---

---

---

---

---

**ASSETS**

Checking account	\$	_____
Savings Account	\$	_____
Cash on Hand	\$	_____
Vehicles (value)	\$	_____
Home (value)	\$	_____
Personal Property	\$	_____
Retirement assets (401K, IRA, etc.)	\$	_____
Other	\$	_____
<b>TOTAL ASSETS</b>	\$	_____

**MONTHLY EXPENSES**

	\$	_____
Rent/Mortgage	\$	_____
Utilities	\$	_____
Loan/Credit Card Payments	\$	_____
Food/Clothing	\$	_____
Transportation	\$	_____
Medical/Dental	\$	_____
Other	\$	_____
<b>TOTAL EXPENSES</b>	\$	_____

In accordance with the Government Code section 25132, subdivision (f), I am requesting a hardship waiver and declare under penalty of perjury that the above statements are true and correct to the best of my knowledge and belief. Once a determination has been made to either grant or deny my application for a hardship waiver, I will pay the full amount of the determined fee within 21 calendar days of the hardship waiver’s determination mailing date.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_  
CELL PHONE: \_\_\_\_\_

Payment shall be made to the County of Nevada at the Eric Rood Administrative Center, Code Compliance Division (Community Development Agency Counter) 950 Maidu Avenue, Suite 170, PO BOX 599002, Nevada City, CA 95959-7902, or to a collection agency if the fine and/or penalty has been assigned to a collection agency. Payment may be made by credit card, or by mailing the fine and/or penalty amount paid by personal check or cashier’s check to the same address. Cash payments may only be made in person at the same address listed herein. You can pay by credit card online at: <https://www.nevadacountyca.gov/cdapayment>

**PRIVACY STATEMENT**

*The Information Practices Act of 1977 (California Civil Code, section 1798.1 et seq.) and the Federal Privacy Act of 1974 (Title 5, United States Code, section 552a et seq.) require that this notice be provided when collecting personal information from individuals. The County of Nevada Code Compliance Department (Department) is seeking the information requested on this Application for Hardship Waiver pursuant to the authority granted to the Department by Government Code section 25132, subdivision (f) and Government Code section 53069.4. The record of the information obtained from the Application is maintained by the Department. The information requested in the Application is voluntary; however, failure to completely and accurately provide the information may result in a denial of the Application. The principal purpose for which the information will be used is to determine whether an applicant qualifies for a hardship waiver of the Department's penalties and to verify information provided in the Application in order to circumvent fraud against the County. The Department does not have any known or foreseeable disclosures that may be made of the information. The applicant has a right of access to records containing personal information maintained by the Department.*

*For official use only:*

**WAIVER REQUEST REVIEW**

Application for a 50% reduction of fine:     Approved     Denied

Reason for Denial \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title of Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_