

Request for Independent Impact Analysis

Attach any supplementary documentation referenced below.

FOR STAFF USE ONLY

Application Date: _____ Independent Impact Fee Analysis
File Tracking Number: _____
File Name: _____
Date of Pre-Application Conference: _____
Staff Recommendation Due Date (90 days from complete Application): _____

Reason for Independent

PROPOSED USE NOT LISTED ON ADOPTED FEE SCHEDULE

Impact Fee Analysis:

IMPACT ANTICIPATED TO BE LESS THAN FEE SCHEDULE

APPLICANT INFORMATION

Applicant Name: _____
Contact Name: _____
Mailing Address: _____
Telephone Number: _____
E-mail Address: _____

PROJECT INFORMATION

Project Name: _____
Project Location: _____
Project Description: _____
Development Units (# of dwelling or lodging units or square feet of non-residential use): _____
Impact Fee based on Fee Schedule: _____
Permit # (If Applicable): _____

CONSULTANT INFORMATION *(Attach resume indicating relevant education and experience)*

Company Name: _____

Responsible Professional: _____

Registration/License Number: _____

State of Registration Number: _____

(Please attach consultant resume to application)

PROPOSED INDEPENDENT IMPACT ANALYSIS

Proposed Methodology & Service
Unit Impact:

(Attach detailed documentation describing type and scope of proposed analysis)

APPLICANT SIGNATURE AND DATE

Undersigned hereby requests an independent impact fee analysis and proposes that, by competent substantial evidence, an alternative impact fee amount more accurately reflects the demands for County Capital Facilities than the currently-effective impact fee schedule, as supported by recent and local data, statistically valid surveys, and a review of relevant professional literature.

Signature

Date

Printed Name