



## REQUEST FOR INDEPENDENT IMPACT ANALYSIS

### FOR STAFF USE

Application Date: \_\_\_\_\_ File Tracking Number: \_\_\_\_\_

File Name: \_\_\_\_\_

Date of Pre-Application Conference: \_\_\_\_\_

Staff Recommendation Due Date (30 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:**

Company Name: \_\_\_\_\_  
Responsible Professional: \_\_\_\_\_  
Registration/License Number: \_\_\_\_\_  
State of Registration Number: \_\_\_\_\_

*(Attach resume indicating relevant education and experience.)*

**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  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date