



Request Use of Impact Fee Credit

Credit Authorization Number: _____

Credit Issued to: _____

Impact Fee Component	Building Permit	Lot Number	Fee Amount	Address	Staff Verified
	BLD		\$		
	BLD		\$		
	BLD		\$		
	BLD		\$		
	BLD		\$		
	BLD		\$		
	BLD		\$		
	BLD		\$		
	BLD		\$		
	BLD		\$		

Total: \$

Authorized Signature: _____

Title: _____

Date: _____

----- **For Staff Use** -----

Staff Authorization: _____

Date: _____

District: _____

Credit Voucher: _____