

# Impact Fee Determination Request Form

REV. 10-1-2018

## Applicant Information

Contact Name: \_\_\_\_\_

LAST FIRST MIDDLE INITIAL

Company Name: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

PHYSICAL ADDR CITY, ST ZIP

Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Project Information

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

PHYSICAL ADDR CITY, ST ZIP

Site Address Line 2: \_\_\_\_\_

SUBDIVISION OR OTHER LOT/BLOCK PROPERTY APPRAISER ID

## General Description of Project:

Is this a Conceptual Request? (Yes/No): \_\_\_\_\_ Estimated Construction Start Date: \_\_\_\_\_

Will this project have irrigated landscaping? (Yes/No): \_\_\_\_\_

Will this irrigation be provided by a well? (Yes/No): \_\_\_\_\_

If NO, predicted irrigation demand (Average Day): \_\_\_\_\_ GPD

In order to make a proper determination of Impact Fees provide the following attachments:

1. Provide one copy of plans, including the floor plan, plumbing plans and landscaping plans, for the proposed use including designation of function and use for each area. Where appropriate include number of tables, number of seats, number of employees per space, occupancy limits of each space and any other that would be required by Table I to calculate usage.
2. Provide a site plan for the proposed development including any proposed utilities or exterior water usage.
3. Provide a copy of the Development Application to Santa Rosa County.

For conceptual requests, provide as much information as possible. Conceptual Determinations are only valid at the time issued.

