

Impact Fee Determination

Request Form

HNWS Project No: _____

To make a proper determination of Impact Fees provide the following attachments (if available):

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.

Date of Request: _____

Applicant Information

Name: _____ E-Mail: _____
 Company: _____ Phone: _____
 Address: _____
PHYSICAL ADDR CITY, ST ZIP

Project Information

Project Name: _____ Business Tax ID: _____
 Service Address: _____
PHYSICAL ADDR CITY, ST ZIP PROPERTY APPRAISER ID

No. Bathrooms: _____ No. Dining Seats: _____ No. Employees Per 8-Hr Shift: _____
 Square-Footage: _____ No. Bar Seats: _____ : _____
 Type of Project: _____ : _____

General Description: _____

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

