



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

Date

Printed Name