



APPLICATION FOR IMPACT FEE CREDIT

FOR STAFF USE

Application Date: _____ Credit Authorization Number: _____

File Name: _____

Type of County Capital Facility:	<input type="checkbox"/> LAW ENFORCEMENT
	<input type="checkbox"/> LIBRARIES
	<input type="checkbox"/> PARKS
	<input type="checkbox"/> PUBLIC SAFETY
	<input type="checkbox"/> MULTIMODAL TRANSPORTATION
Type of improvement:	<input type="checkbox"/> LAND DEDICATION
	<input type="checkbox"/> CONSTRUCTION
	<input type="checkbox"/> OTHER (EXPLAIN BELOW)

APPLICANT INFORMATION:

I. OWNER OF PROPERTY

Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

II. DEVELOPER (IF DIFFERENT THAN OWNER)

Name: _____

Mailing Address: _____

Telephone Number: _____

E-mail Address: _____

III. OTHER AGENT

Name:

Mailing Address:

Telephone Number:

E-mail Address:

IV. AUTHORIZED SIGNER

Print Name:

Signature:

DEVELOPMENT PROJECT/PROPERTY INFORMATION:

1. Manatee County Project Number: _____

2. Project Name: _____

3. Type of Development Project: _____

4. Address or Location of Property for Which Impact Fee Credit is Requested:

5. Parcel ID Number(s): _____

6. General Description of Property (e.g., existing and proposed uses, Benefit District):

7. Description of System Improvements to be constructed, paid for, or dedicated (if applicable):

MULTIMODAL TRANSPORTATION SYSTEM IMPROVEMENT INFORMATION:

1. Total Right-of-Way (ROW) land value _____
2. Square feet of ROW land dedicated (average ROW width x by centerline length)

3. Land value per square foot (item 1 divided by item 2) _____
4. Actual construction cost of transportation improvements _____
5. Number of travel lanes _____
6. Centerline miles _____
7. Lane miles (item 5 multiplied by item 6) _____
8. Total project cost (item 1 plus item 4) _____
9. Total project cost per lane mile (item 8 divided by item 7) _____
10. Percent system improvement (see Procedures Manual) _____
11. Requested credit (item 8 multiplied by item 10) _____

(Attach copies of project costs indicating materials and quantities, invoices with canceled checks, and other related project documentation.)

OTHER SYSTEM IMPROVEMENT INFORMATION:

1. Capital cost requested for credit _____
2. Infrastructure quantity _____
3. Infrastructure units _____
4. Cost per infrastructure unit (item 1 divided by item 2) _____

(Attach copies of project costs indicating materials and quantities, invoices with canceled checks, and other related project documentation.)

APPLICANT SIGNATURE AND DATE:

Signature

Date

Printed Name