

City of Powder Springs
IMPACT FEE CALCULATION FORM

Section 1:

Property Owner

Contractor

Permit Reference Number

Permit Type

Property ID Number

Job Address

Lot Number

Subdivision

The impact fees calculated herein have been determined based on the fee schedules adopted in City of Powder Springs Unified Development Code, Park and Recreation Development Impact Fee Ordinance and the City of Powder Springs Public Safety Development Impact Fee Ordinance. This form is authorized only for those building projects expressly identified above. Changes or modifications to the building referred to above or amendments to the impact fee schedules contained in City of Powder Springs development impact fee ordinance shall render this calculation form null and void.

ANY CLAIM FOR CREDIT OR EXEMPTION MUST BE MADE NO LATER THAN THE TIME OF APPLICATION FOR A BUILDING PERMIT OR PERMIT FOR MOBILE HOME INSTALLATION. ANY CLAIM NOT SO MADE SHALL BE DEEMED WAIVED.

Signature

Date

LAND USE CATEGORY _____

FROM _____ TO _____

NUMBER OF UNITS _____

SQUARE FEET OF RESIDENTIAL LIVING AREA _____

GROSS SQUARE FEET ON NON-RESIDENTIAL FLOOR AREA _____

CHANGE IN LAND USE CATEGORY? () YES () NO

SHELL PERMIT? () YES () NO

CREDIT REQUESTED? () YES* () NO

CATEGORY REVIEW REQUESTED? () YES* () NO

INDIVIDUAL FEE APPLICATION () YES* () NO

*IF YES IS CHECKED, DETERMINATION MUST BE MADE PRIOR TO RELEASE

PLANNING AND ZONING RELEASE _____

DATE: _____

PARKS AND RECREATION IMPACT FEE

Park and Recreation Impact Fee (per dwelling) _____

Park and Recreation Credit Applied _____

Net Park and Recreation Impact Fees _____

Service Area _____

PUBLIC SAFETY IMPACT FEE

Residential (per dwelling unit)* _____ \$

Non-Residential _____

Gross Square Feet of Floor Area _____ at \$ _____ per square foot _____

Public Safety Impact Fee _____

Public Safety Credits Applied _____

Net Public Safety Impact Fees _____

*if applicable

Administrative Fee (3% of all impact fees) _____ \$

TOTAL IMPACT FEES DUE _____ \$

SECTION 2. IMPACT FEES COLLECTION

To be filled out by Impact Fee Coordinator:

The total Impact Fees calculated in Section 1 of this form and shown here in Section 2 have been paid in full.

\$ _____
(Amount)

(Date)

Impact Fee Coordinator

(Check Number)