

**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 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)