



**ROAD IMPACT FEE ESTIMATE REQUEST**

OFFICE USE ONLY	ESTIMATE REQUEST #: _____	ESTIMATED ROAD IMPACT FEE: \$ _____
	RECEIVED (DATE): _____	

**APPLICANT INFORMATION**

APPLICANT'S NAME: _____	TELEPHONE: _____
ADDRESS: _____	EMAIL: _____
PROPERTY OWNER'S NAME: _____	TELEPHONE: _____
ADDRESS: _____	EMAIL: _____
REPRESENTATIVE'S NAME: _____	TELEPHONE: _____
COMPANY: _____	EMAIL: _____
ADDRESS: _____	

**PROPERTY INFORMATION**

ADDRESS OR PROPERTY LOCATION: \_\_\_\_\_

COUNTY PARCEL ID #(S): \_\_\_\_\_

PROPERTY ZONING DISTRICT: \_\_\_\_\_

**PROJECT INFORMATION**

In addition to the information provided below, the City may request additional or supplemental information for purposes of calculating the applicable road impact fee. If any project information is modified or changed, then the impact fee may no longer be accurate and the City may adjust the road impact fee to reflect the change accordingly.

In accordance with I.C. 36-7-4-1321 and the City's adopted [impact fee ordinance](#), road impact fees are calculated based on the number of twenty-four-hour trips taken from the latest version of the Trip Generation Manual, a study published by the Institute of Transportation Engineers.

<b>LAND USE DESCRIPTION:</b>	
Identify and characterize all existing and proposed land uses or any expansion/addition of existing uses (please be specific).	
<b>PROJECT SIZE / AREA:</b>	
Indicate the acreage of the entire project site and the square footage of all existing and proposed buildings and structures.  Specify square footage dedicated to all individual activities within the site and buildings.  Summarize any phasing of the project.	



<b>OPERATIONAL INFORMATION:</b>	
Indicate the number of employees and shift breakdown. Include existing and proposed totals.  List of the hours of general operation, including anticipated deliveries and other site support services.	
<b>MISCELLANEOUS INFORMATION:</b>	
Identify any other additional information you may deem relevant in the calculation of the estimated number of vehicular trips by the proposed project.	

---

**TYPE OF IMPACT FEE ESTIMATE REQUESTED**

---

**PRELIMINARY FEE ESTIMATE**

Check this box if this request is solely for the purpose of anticipating road impact fees for a potential project with no intent of immediate payment of road impact fees (e.g., proforma estimates).

This type of estimate is not binding upon the applicant or the City and is being requested and estimated for informational purposes only. The actual assessment of road impact fees for this project is subject to change.

**IMPACT FEE ASSESSMENT**

Check this box if this request is for the voluntary assessment of road impact fees owed for a project.

This type of assessment is due by the applicant upon the City's issuance of an improvement location permit for this project.

Development Plan Docket #: \_\_\_\_\_ \*

Improvement Location Permit #: \_\_\_\_\_ \*

\*If a Development Plan or Improvement Location (in accordance with Article 10.7 and Article 10.8, respectively, of the Unified Development Ordinance) have not been filed with the City, then a comparably-detailed site plan and floor plan shall be submitted with this request.

---

**APPLICANT AFFIDAVIT**

---

*I hereby certify that I have the authority to make the foregoing application, that the application, accompanying documents and above information is true and correct as I am informed, and that construction will comply with, and conform to all applicable laws of the State of Indiana. I further certify that the construction will not be used or occupied until proper certificates of occupancy and compliance are filed with the governing jurisdiction.*

*I understand that any impact fee estimate provided as a "Preliminary Fee Estimate" is not binding on the applicant or the City and is subject to change, but that I am responsible to pay the charges, rates and fees that are provided as a "Impact Fee Assessment" by the City, based on the above information. I understand that all fees are subject to change without prior individual notice.*

\_\_\_\_\_  
Owner / Authorized Agent (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner / Authorized Agent (printed)