



## CITY OF PATASKALA PLANNING & ZONING DEPARTMENT

621 West Broad Street, Suite 2A  
Pataskala, Ohio 43062

### IMPACT FEE ESTIMATE FORM

*(Pataskala Codified Ordinances Chapter 1294)*

Section One of this form must be completed by the applicant and submitted to the City. This estimate is non-binding on either the applicant or the City. Furthermore, this estimate does not reflect exemptions or credits that may apply to the proposed project at the time of application for a zoning permit. This non-binding estimate is available solely to give the applicant an approximation of the total impact fees that will be due prior to the issuance of a zoning permit.

#### **SECTION ONE - APPLICANT**

Property Information			Staff Use
Address:			Application Number:
Parcel Number:			Estimated Impact Fee:
Subdivision/Development Name:			Filing Date:
Lot/Building Number:	Zoning:	Acres:	Receipt Number:
Water Supply:			
<input type="checkbox"/> City of Pataskala <input type="checkbox"/> South West Licking <input type="checkbox"/> On Site			
Wastewater Treatment:			
<input type="checkbox"/> City of Pataskala <input type="checkbox"/> South West Licking <input type="checkbox"/> On Site			

Applicant Information		
Name:	Point of Contact:	
Address:		
City:	State:	Zip:
Phone:	Email:	

Owner Information		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Development Type					
<u>Residential:</u>					
# D.U.	_____	X	\$1,140.84 per D.U.	=	\$_____ Impact Fee
<u>Non-Residential:</u>					
<input type="checkbox"/>	Retail/ Restaurant				
# S.F.	_____	X	\$2.46 per S.F.	=	\$_____ Impact Fee
<input type="checkbox"/>	Office/Institutional				
# S.F.	_____	X	\$1.43 per S.F.	=	\$_____ Impact Fee
<input type="checkbox"/>	Light Industrial/Warehousing				
# S.F.	_____	X	\$0.64 per S.F.	=	\$_____ Impact Fee
<input type="checkbox"/>	Manufacturing				
# S.F.	_____	X	\$0.51 per S.F.	=	\$_____ Impact Fee
					TOTAL: \$_____ Impact Fee

Certification	
In order to receive a non-binding impact fee estimate, the applicant, by signing this application, certifies and acknowledges all of the following:	
<input type="checkbox"/>	The impact fee estimate provided on this form does not bind the City or the applicant in any way.
<input type="checkbox"/>	The actual impact fees ultimately

Exemption Requested	
<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>*Exemption must be requested prior to, or at the time, of an application for a zoning permit. If yes, please include a copy of the exemption request form.</i>	

Signatures	
I certify the facts, statements and information provided on and attached to this application are true and correct to the best of my knowledge and understand the requirements for assessment of impact fees.	
Applicant:	Date:
Owner:	Date:

**SECTION TWO – STAFF USE ONLY**

Application Number: \_\_\_\_\_

Development Type					
<u>Residential:</u>					
# D.U. _____	X	\$1,140.84 per D.U.	=	\$ _____	Impact Fee
<u>Non-Residential:</u>					
<input type="checkbox"/> Retail/ Restaurant					
# S.F. _____	X	\$2.46 per S.F.	=	\$ _____	Impact Fee
<input type="checkbox"/> Office/Institutional					
# S.F. _____	X	\$1.43 per S.F.	=	\$ _____	Impact Fee
<input type="checkbox"/> Light Industrial/Warehousing					
# S.F. _____	X	\$0.64 per S.F.	=	\$ _____	Impact Fee
<input type="checkbox"/> Manufacturing					
# S.F. _____	X	\$0.51 per S.F.	=	\$ _____	Impact Fee
				TOTAL:	\$ _____ Impact Fee

Credit Request		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Credit not requested
Conditions:		

Exemption Request		
<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Exemption not requested
Conditions:		

<b>Total Impact Fee Due</b>	\$ _____
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City Administrator	
City Administrator: _____	Date: _____

