



## CITY OF PATASKALA PLANNING & ZONING DEPARTMENT

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

### IMPACT FEE CALCULATION FORM

*(Pataskala Codified Ordinances Chapter 1294)*

An applicant must complete Section One of this form, which must be submitted to the Planning and Zoning Department prior to the issuance of a zoning permit and pay all impact fees as required by Chapter 1294 of the Pataskala Codified Ordinances. The City Administrator will verify the information provided and calculate the impact fee accordingly. Unless a credit has been granted by the City, or unless an appeal bond or other sufficient surety pursuant to an appeal has been accepted by the City, all impact fees must be paid prior to the issuance of a zoning permit.

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

Property Information			Staff Use
Address:			Application Number:
Parcel Number:			Total Impact Fee Due:
Subdivision/Development Name:			
Lot/Building Number:	Zoning:	Acres:	Filing Date:
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			Receipt Number:

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

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

Exemption Requested	
<input type="checkbox"/> Yes*	<input type="checkbox"/> No
*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.	

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:

<b>Development Type</b>					
<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

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

<b>Exemption Request</b>		
<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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<b>City Administrator</b>	
City Administrator:	Date:

