

Process Number (county use only) _____

Building Permit Number (county use only) _____

200

Request for Exemption

Jefferson County Government – Office of Impact Fees

Applicant for Building Permit shall complete items 1-10, which shall be consistent with all information on the Building Permit Application filed by the Applicant. A copy of the application for the Building Permit and a copy of Form 100 shall be attached. The Request for Exemption form shall be submitted by the Applicant to the Impact Fee Coordinator. The Impact Fee Coordinator shall verify the information in items 1-10 and shall review the supporting documentation and issue a determination.

Applicant Information

1 First Name _____ M.I. _____
 Last Name _____

2 Contact Address _____
 City _____
 State _____ ZIP _____
 Day Time Phone _____

Building Permit Information

3 Building Permit Application Date (mm-dd-yyyy) _____

4 Prop Owner First Name _____ M.I. _____
 Prop Owner Last Name _____

5 Property Street Address _____
 Property City _____

6 Subdivision (if applies) _____
 Lot Number (if applies) _____

7 Tax District _____ Map _____ Parcel _____
 Deed Book _____ Page _____

Amount and Type of Proposed Development

8 Residential
 Non-Residential

Development Type _____ Subtype _____
 Development Units _____ Amount _____

Reason for Exemption Request

9 The proposed residential development/redevelopment will not add dwelling units to those already on the subject property.

The proposed non-residential development/redevelopment will not add square footage to that already on the subject property.

There is a change in the type or mix of non-residential development (commercial/shopping center, light industrial, etc.).

Specify: _____

The proposed residential development/redevelopment will not result in an increase in demand for public facilities funded in whole or in part by impact fees.

The proposed development project is exempt pursuant to § 5 of the Impact Fee Procedures Ordinance (2003-1).

Other, explain in detail: _____

Applicant Signature

10 _____ Applicant _____ Date

Department of Impact Fees Exemption Request Action

11 EXEMPTION REQUEST AND SUPPORTING DOCUMENTATION REVIEWED BY:

Date Received (mm-dd-yyyy): _____

Name: _____

Title: _____

12 Findings: _____

13 PROPOSED ACTION ON REQUEST FOR EXEMPTION:

Approved

Approved subject to the following conditions: _____

Denied: _____

Inadequate information on which to base a decision (specify additional information needed):

14 FINAL APPROVAL MADE BY:

_____ Impact Fee Coordinator _____ Date