

ROAD IMPACT FEE ESTIMATE REQUEST

CITY OF LEBANON
 DEPARTMENT OF PLANNING & ZONING
 401 S. Meridian Street
 Lebanon, Indiana 46038
 (765) 482-8845



INSTRUCTIONS:

1. Complete all parts of this form. This request cannot be processed if any part is left blank.
2. Submit proposed site plan and floor plan with this request.
3. Either type or print all information in ink.

In addition to information identified on the project site plan, the City of Lebanon requests the following supplemental information for purposes of calculating a Road/Bridge Impact Fee estimate for the project referenced below. In accordance with local ordinances #2021-25, if any of the PROJECT INFORMATION below is modified or changed, the impact fee may be adjusted to reflect the change. In accordance with I.C. 36-7-4-1321, the rates adopted by the City reflect or include an adjustment for Impact Deductions and Nonlocal Revenues.

1. LOCATION OF PROPOSED ACTIVITY:

ADDRESS: _____

LOT #: _____ ZONING: _____

SUBDIVISION: _____

Present Use of Property: _____

Previous Use of Property: _____

2. OWNER OF PREMISES WHERE PROPOSED ACTIVITY WILL TAKE PLACE:

NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

3. PROJECT INFORMATION:

A. Land Use Description: Identify any existing or proposed land uses or any expansion/addition of existing uses (please be specific).

B. Project Size/Area: 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 individual activities within the site/buildings.

C. Number of Employees: Indicate the total number of employees to be located at the proposed site. Include existing and future employee totals.

D. Hours of Operation: List the hours of general operation, including anticipated deliveries or other site support services.

4. CERTIFICATION: I hereby certify that I have the authority to make this application, that the application and accompanying site plan are correct. I further affirm by signature and under the penalties for perjury that the above representations are true. I understand that any Impact Fee estimate provided by the City of Lebanon based on the above information is **not a quote** and I will be responsible to pay the charges, rates and fees in effect at the time of permitting. I understand that all fees are subject to change without prior individual notice.

Certified By: _____ Signature _____ Date: _____

- FOR OFFICE USE ONLY -

- Applicant will pay in full when picking up permits
 - Applicant would like a three year Payment Plan (only available if your payment is \$5,000 or more)
 - Applicant will be appealing the Impact Fee, pay the \$100 Appeal Fee and complete an Appeal Application within 30 days of issuance date of applicable permit.
 - Integrated Center
 - Scanned and sent with aerial
 - Vacant
- Trip Generation Calculation = _____ (number of trips)
 Expected credits = _____
 Road Impact Fee per Trip = _____
 Total Road Impact Fees = _____