



South Adams County Fire Protection District

6050 Syracuse St.

Commerce City, CO 80022

Phone: (303) 288-0835

Fax: (303) 288-5977

Fire Prevention Bureau Fire and Emergency Services Impact Fee Form

| Developer Information | | | |
|---|--|---|--|
| Development Company: | | State of Incorporation | |
| Address: | | | |
| Telephone: | | Fax: | |
| Date of Development Submittal: | | | |
| Contact Person | | | |
| Name: | | Title: | |
| Telephone: | | Cell Phone: | |
| Email Address: | | | |
| Development Information | | | |
| Name of Development: | | | |
| Location (Address(es) or Parcel Number(s)): | | | |
| Residential Units | | Non-Residential Square Footage | |
| Single Units (\$1,100.00 Per Unit) | | Commercial/Industrial (\$0.60 Per Square Foot) | |
| 2+ Units Multi-Family (\$486.00 Per Unit) | | | |
| Impact Fee | | | |
| Impact fee payment can only be made by check. | | | |
| Check One: <input type="checkbox"/> No Impact Fee Owed or <input type="checkbox"/> Impact Fee owed in the amount of \$_____ | | | |
| If applicable: <input type="checkbox"/> An in-kind contribution will be made in lieu of paying all or a portion of an impact fee. | | | |
| Description of the in-kind contribution (attach additional information if necessary) and amount of impact fee off-set: | | | |
| | | | |

The developer must submit this signed Impact Fee Form with the other documentation required by Commerce City or Adams County as part of its building permit application process. If the City/County denies the application, the developer is not required to pay the Impact fee or make an In-Kind Contribution to the District. If the City/County grants the application and issues a development permit, the developer must pay the Impact Fee and/or make the In-Kind Contribution or enter into a written agreement with the District before the City/County will issue a building permit in connection with the development.

DEVELOPER:

SOUTH ADAMS COUNTY FIRE PROTECTION DISTRICT:

By: _____
Developer Representative

By: _____
Fire Chief or Fire Marshal

Date: _____

Date: _____