

SABLE ALTURA FIRE PROTECTION DISTRICT
EMERGENCY SERVICES IMPACT FEE SCHEDULE
Effective January 1, 2018

Residential	
Unit Type	Fee Per Dwelling Unit
Single Family	\$679
Multifamily	\$679

Nonresidential	
Type	Fee Per Square Foot
Nonresidential	\$0.47

No individual landowner is required to provide any site specific dedication or improvement to meet the same need for capital facilities for which an impact fee is imposed pursuant to this schedule.

**SABLE ALTURA FIRE PROTECTION DISTRICT
IMPACT FEE FORM**

Developer Information			
Development Company		State of Incorporation	
Address			
Telephone		Fax	
Contact Person			
Name		Title	
Telephone		Cell Phone	
Email Address			
Development Information			
Name of Development		Location (Address or Cross Streets)	
Residential Units		Non-Residential Square Footage	
Single Units (\$___ per unit)		Commercial (\$___ per square foot)	
2+ Units (\$___ per unit)		Office/Industrial (\$___ per square foot)	
Manufactured Homes (\$___ per unit)		Industrial/Flex (\$___ per square foot)	
Impact Fee			
Check one: <input type="checkbox"/> No impact fee owed <u>or</u> <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 Adams County as part of its development permit application process. If the 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 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 County will issue a building permit in connection with the development.

DEVELOPER:

**SABLE ALTURA FIRE PROTECTION
DISTRICT:**

By: _____
Date: _____

By: _____, Fire Chief
Date: _____