



South Adams County Fire Protection District

6050 Syracuse St.

Commerce City, CO 80022

Phone: (303) 288-0835

Fax: (303) 288-5977

Fire Prevention Bureau Commerce City Fire and Emergency Services 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(es) or Parcel Number(s)):			
Residential Units		Non-Residential Square Footage	
Single Units (\$688.00 Per Unit)		Commercial/Retail (\$0.46 Per Square Foot)	
2+ Units (\$250.00 Per Unit)		Industrial/Warehouse (\$0.06 Per Square Foot)	
Impact Fee			
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:			
Payment:			
We accept payment in the form of Check and Credit Card. Please indicate below how you would like to pay:			
<input type="checkbox"/> Check		<input type="checkbox"/> Credit Card *	
<u>*All credit card transactions are subject to a 3.5% fee starting Feb 1st.</u>			

The developer must submit this signed Impact Fee Form with the other documentation required by Commerce City as part of its development permit application process. If the City 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 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 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: _____