APPLICATION FOR INDEPENDENT FEE DETERMINATION BERNALILLO COUNTY

Zoning, Building & Planning

Owner(s)		Phone	
Mailing Address	City/State		Zip
Agent/Applicant		Phone	
Mailing Address	City/State		Zip
Site/Project Address	City/State		Zip
Legal Description			
Uniform Property Code (UPC No.)			Zone Atlas Page
Subdivision/Project Name			Project/Case No.

Justification for the request must include:

- 1. Letter of request and description of the project.
- 2. Independent fee study.
- 3. Detailed site plan drawn to scale.

I hereby acknowledge that I have read this application and agree that the above is correct. I acknowledge that I must comply with the requirements of the BERNALILLO COUNTY IMPACT FEE ORDINANCE Chapter 46 of the County Code. I understand that this a request for an impact fee determination and that this request may be denied.

Owner/Agent Signature

Date

Received by		Date:	Receipt No.:	
Approved by	Γ.	Date:		