

# ROAD IMPACT & SANITARY CONNECTION FEE REQUEST



Office Use Only  
Building Permit No.: \_\_\_\_\_ Road Impact Area: \_\_\_\_\_

## General Information

Common Name/Business Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Zoning: \_\_\_\_\_

**Land Use Descriptions:** (Identify the existing or proposed land uses or any expansion/addition of existing uses. )

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Project Size/Area:** (Indicate the acreage of the entire project site and the square footage of all existing and proposed buildings or structures. Specify square footage dedicated to individual activities within all of the buildings. Also note the number of units, beds, seats, bedrooms, or other unit to identify the size of the proposed use.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Number of Employees:** (Indicated the total number of employees located at the proposed site. Include existing and future employee totals.)

\_\_\_\_\_  
\_\_\_\_\_

**On-Site Parking:** (Indicated the total number of on-site parking spaces intended for use by employees, customers, and deliveries.)

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

**Anticipated Deliveries:** (Indicated the number of deliveries made to or from the proposed site in a 24 hours period.)

**On-site Facilities:** (Indicated the existence and capacities of any on-site food services or vending facilities that enable employees or visitors to prepare and eat meals on-site.)

\_\_\_\_\_  
\_\_\_\_\_

**Surrounding Facilities:** (Indicate the number of, and identify, all business or facilities adjoining the proposed site.)

\_\_\_\_\_  
\_\_\_\_\_

## Road Impact & Sanitary Connection Fee Calculation Notes:

1. Applicant shall submit construction drawings of site plan and floor plan with request. (Upon request, plans can be returned to applicant once permit has been approved.)
2. Final determination of fees will not be determined until filing of Building Permit.
3. Print or type all information in ink. (Note that this form is an interactive and editable PDF document.)
4. If any project information is changed and/or modified the impact fee may be adjusted accordingly.

## APPLICANT INFORMATION

Owner

Authorized Agent

Signature \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_

Printed \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

I hereby certify that I have the authority to make the forgoing application and that the application and accompanying site plan are correct. I further affirm by signature and under the penalties of perjury that the foregoing representations are true.

Noblesville Department of Planning, 16 S. 10 Street, Noblesville, IN 46060, Ph: (317) 776-6325  
Noblesville Department of Engineering, 16 S. 10 Street, Noblesville, IN 46060, Ph: (317) 776-6330