



Transportation Impact Fee
Independent Impact Fee Calculation

Please print in black ink only.

Application #: OFFICE USE ONLY KIVA #: RETR - OFFICE USE ONLY

Application Name:

Address/Location:

King County Parcel Number (s): Acres:

1/4 Section Section Township N Range E

Applicant: (mandatory)

Name: Daytime Phone:

Mailing Address: Email:

City/State/Zip: Signature:

Professional License No: Contact Person:

Property Owner 1: (mandatory if different from applicant)

Name: Daytime Phone:

Mailing Address: Fax Number:

City/State/Zip: Signature:

Property Owner 2: (if more than two property owners attach additional info/signature sheets)

Name: Daytime Phone:

Mailing Address: Fax Number:

City/State/Zip: Signature:

The above signed property owners, certify that the above information is true and correct to the best of our knowledge and under penalty of perjury, each state that we are all of the legal owners of the property described above and designate the following party to act as our agent with respect to this application:

Agent/Consultant/Attorney: (mandatory if primary contact is different from applicant)

Name: Daytime Phone:

Mailing Address: Fax Number:

City/State/Zip: License No.:

OFFICE USE ONLY:

Date Application Received: Received by:

Date Application Complete: Completeness Review by:

## INSTRUCTIONS TO APPLICANT/ TRAFFIC ENGINEER

Please be sure to include all plans, sketches, photos and maps and reports or studies, which may assist in complete review and consideration of your independent fee calculation. Failure to provide all pertinent information may result in delayed processing or denial of request. Please submit this request and applicable fee to the Permit Center located at 400 W. Gowe Street, Kent, WA 98032

### REFER TO CHAPTER 12.14 OF THE KENT CITY CODE

DESCRIPTION OF PROJECT:

JUSTIFICATION FOR INDEPENDENT REVIEW:

METHODOLOGY USED FOR STUDY:

### AUTHORIZATION SIGNATURES

ECO Staff Recommendations		Public Works Department Authorization	
Development Engineer Manager	Date	Public Works Director (or Designee)	Date
Conditions of Approval:			
Prior/ Existing T.I.F. Rate: \$ _____ / (Unit)		Authorized T.I.F. Rate: \$ _____ / (Unit)	

## **REQUEST FOR INDEPENDENT FEE CALCULATION REVIEW**

### **SUBMITTAL REQUIREMENTS CHECKLIST**

THE APPLICANT MUST PROVIDE THE FOLLOWING INFORMATION WHEN REQUESTING AN INDEPENDENT REVIEW OF TRAFFIC IMPACT FEES:

- The completed original application, making sure that all of the required signatures are obtained
- Two (2) copies of a narrative describing the specific characteristics of the development
- Two (2) copies of all relevant review information, such as; photographs, engineering plans or reports to clarify the scope of the project
- Two (2) copies of the detailed basis upon which the independent fee calculations were made.
- One (1) PDF of the above information

All plans must be folded to fit an 8 1/2" x 14" envelope with the applications name of the plan showing. The Engineer's reports shall be prepared according to the requirement of KDCS 1.7 Engineering Plans Submittal Requirements.

### **REQUEST FOR INDEPENDENT FEE CALCULATION REVIEW INSTRUCTIONS**

#### **Application Form**

1. Answer all questions clearly and provide all information requested on the application form and accompanying application requirements.
2. Application fee is \$500 (per KCC 12.14.070.C) plus technology fee.
3. The Permit Center will review applications for completeness at time of intake. Those applications deemed incomplete will be returned to the applicant for further action.

#### **Appeals**

Determinations made by the director regarding independent fee calculations may be appealed to the hearing examiner under the procedures set forth in KCC 12.14.110. Appeals of the Public Works Department's decision shall be submitted within fourteen (14) calendar days of the date of the decision.