



**FORM C - RECEIPT FOR IMPACT FEES PAID  
CITY OF PICKERINGTON, OHIO**

**CITY OF PICKERINGTON  
BUILDING DEPARTMENT  
100 LOCKVILLE ROAD  
PICKERINGTON, OH 43147  
(614) 837-3974, FAX (614) 833-2201  
website address: <http://www.pickerington.net>**

**APPLICATION NO.**

office use

To be completed by City Staff.

**Note:** In the event of an inconsistency between this form and the Codified Ordinances, the Codified Ordinances govern.

**1. Project Information**

ZONE DISTRICT	AUDITOR'S PARCEL NO.	LOT NO.

Date: \_\_\_\_\_

**2. Subdivision Project Development Name**

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**3. Applicant / Owner Information: ↓**

**Street Address / City / State / Zip ↓**

**Phone Number ↓**

**Property Owner  
- Who owns the land**

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**Architect / Engineer  
/Surveyor/ Contractor  
- Plans by**

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**Applicant  
- Who is handling the permits**

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**4. Building Permit Application(s)**

Date of building permit application(s): \_\_\_\_\_

Building permit application number(s): \_\_\_\_\_

**5. Amount of impact fee paid:**

<b>Parks &amp; Recreation Facilities impact fee:</b>	\$
<b>Police Facilities impact fee:</b>	
<b>Government Facilities impact fee:</b>	\$
<b>Street impact fee:</b>	\$
<b>TOTAL FEES:</b>	\$

[Total must equal Total fee calculated in Form B]

FORM C - RECEIPT FOR DEVELOPMENT FEES PAID

6. If impact fee payment is \$0, indicate one of the following:

- the Applicant has been granted a full Credit.
- the Applicant has been granted a full Exemption.
- the Applicant has taken an Appeal, and an appeal bond or other sufficient surety in the full amount of the impact fee owed, as calculated in Form B, and as approved by the City Attorney and City Manager, has been posted with the City.
- the proposed development does not result in the demand for Public Facilities, as provided in Chapter 1486.

7. Method of impact fee payment:

- Cash
- Personal Check (Check # \_\_\_\_\_)
- Certified Check (Check # \_\_\_\_\_)
- Money Order
- Other [specify: \_\_\_\_\_ ]

8. Receipt Issued By:

_____ Signature	_____ Date
_____ Printed Name	_____
_____ Title	
_____ Department	

9. Signed copy provided to:

_____ Signature	_____ Date
_____ Printed Name	<input type="checkbox"/> Applicant
	<input type="checkbox"/> Property Owner
	<input type="checkbox"/> Agent
	<input type="checkbox"/> Other: _____ please describe

Reference: Codified Ordinances §§ 1486.04(f)