



**FORM D-1 - REQUEST FOR CREDIT AGAINST  
IMPACT FEES**

**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

An applicant for a credit against impact fees must submit this form to the City prior to or at the time of application for a building permit. The applicant must complete items in the first section of this form and attach a copy of the completed impact fee calculation form (Form B); and other documentation as required by Chapter 1486 of the Pickerington Codified Ordinances. The City Manager will verify the information provided and will determine whether a credit is appropriate under Chapter 1486.

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

***Part 1 - to be completed by Applicant***

Attach separate sheet(s) as necessary.

**1. Project Information**

ZONE DISTRICT	AUDITOR'S PARCEL NO.	LOT NO.	CASH	CHECK #

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

**2. Subdivision Project  
Development Name**

\_\_\_\_\_

<b>3. Applicant / Owner Information: ↓</b>	<b>Street Address / City / State / Zip ↓</b>	<b>Phone Number ↓</b>
<b>Property Owner - Who owns the land</b>		
<b>Architect / Engineer /Surveyor/ Contractor - Plans by</b>		
<b>Applicant - Who is handling the permits</b>		

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

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

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

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

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5. Amount of impact fee due and amount of requested credit (See § 1486.04(e)(7), Pickerington Codified Ordinances for determining the value of a requested Credit):

Facility	Amount of Impact fee Due (from Form B)	Amount of Requested Credit
<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>	\$	

6. If the land or facility is an original dedication:

Has a proposed development agreement been attached to this application?

Yes.

No. If No, the application is not complete and cannot be accepted.

Is the proposed land or facility donation a planned improvement on the City's current capital budget, Capital Improvement Program, or the impact fee methodology report?

Yes.

No.

7. Attach a narrative in sufficient detail to establish a cost estimate of the proposed donation or construction. Please explain how the proposed donation will offset the proposed new development's impact on the same public facility and whether the proposed donation is consistent with the requirements of chapter 1486, Pickerington Codified Ordinances.

Narrative Attached?

Yes.

No. If No, the application is not complete and cannot be accepted.

ALL INFORMATION SUBMITTED BY APPLICANT IS TRUE AND ACCURATE:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Printed Name

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DO NOT WRITE BELOW THIS LINE (office use)

8. Form D-1 received on: Date: \_\_\_\_\_

9. Verification of Information Provided By Applicant:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

10. By separate report, the City Manager will determine whether the requested impact fee credit complies with the criteria and requirements of chapter 1486, Pickerington Codified Ordinances.

Action of the City Manager on the request for credit:

Approved  Denied

Approved, subject to the following conditions:

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

Inadequate information on which to base a decision [specify additional information needed]:

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

11. If approved, amount of credit approved, by public facility:

Facility	Amount of Impact fee Due (from Form B)	Amount of Requested Credit
<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>	\$	

[NOTE: ENTER THESE AMOUNTS IN TABLE 1 OF FORM B]

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\_\_\_\_\_  
City Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

APPROVED AS TO FORM:

\_\_\_\_\_  
City Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name