



**FORM D-2 - REQUEST FOR REIMBURSEMENT
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 reimbursement of 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 reimbursement 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**

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

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 reimbursement (See § 1486.04(4), Pickerington Codified Ordinances for determining the value of a requested Reimbursement):

Facility	Amount of Impact fee Due (from Form B)	Amount of Requested Reimbursement
Parks & Recreation Facilities impact fee:	\$	
Police Facilities impact fee:		
Government Facilities impact fee:	\$	
Street impact fee:	\$	
TOTAL FEES:	\$	

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-2 received on: Date: _____

9. Verification of Information Provided By Applicant:

Name: _____

Title: _____

10. The City Manager will submit a recommendation as to whether the impact fee reimbursement complies with the criteria and requirements of chapter 1486, Pickerington Codified Ordinances.

Recommend Approval Recommend Denial

Approved, subject to the following conditions:

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

If recommended for approval, the recommended amount of reimbursement approved, by public facility:

Facility	Amount of Impact fee Due (from Form B)	Amount of Reimbursement
Parks & Recreation Facilities impact fee:	\$	
Police Facilities impact fee:		
Government Facilities impact fee:	\$	
Street impact fee:	\$	
TOTAL FEES:	\$	

 City Manager

 Date

 Printed Name

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11. The Planning and Zoning Commission will submit a recommendation as to whether the impact fee reimbursement complies with the criteria and requirements of chapter 1486, Pickerington Codified Ordinances.

- Recommend Approval
 Recommend Denial
 Approved, subject to the following conditions:

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

If recommended for approval, the recommended amount of reimbursement approved, by public facility:

Facility	Amount of Impact fee Due (from Form B)	Amount of Reimbursement
Parks & Recreation Facilities impact fee:	\$	
Police Facilities impact fee:		
Government Facilities impact fee:	\$	
Street impact fee:	\$	
TOTAL FEES:	\$	

Chairman, Planning and Zoning Commission

Date

Printed Name

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12. Action of the city council on the request for reimbursement:

Approved Denied

Approved, subject to the following conditions:

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

If approved, amount of reimbursement approved, by public facility:

Facility	Amount of Impact fee Due (from Form B)	Amount of Reimbursement
Parks & Recreation Facilities impact fee:	\$	
Police Facilities impact fee:		
Government Facilities impact fee:	\$	
Street impact fee:	\$	
TOTAL FEES:	\$	

Mayor

Date

Printed Name