



### Fire Impact Fee Information

Application Date:	
Permit Number:	
Project Name:	
Assessor's Parcel Number:	

#### Proposed Primary Structure Use:

- Assisted Living   
  Church   
  Hospital   
  Medical Facility  
 Multi-Family   
  One and Two-Family   
  School   
  Other

#### Additional Structure Information (select one category):

##### One and Two-Family Structure Use:

Number of Dwelling Units:	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Accessory Dwelling Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

##### Multi-Family Structure Use:\*

Number of Dwelling Units:	
Total Square Footage of Common Area:	

\* Common area for non-mixed use would equal the total square footage minus the total square footage of the living spaces. Common area for mixed use developments would equal the total square footage minus the square footage of the living spaces, commercial spaces, and related commercial parking.

##### All Other Primary Structure Uses:

Total Square Footage:	
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**Voluntary Fire Sprinkler Installation?**     Yes     No

Provide copy of Water Availability/Fire Flow from water purveyor.