



Planning and Development Services

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ITEM 8.A - ATTACHMENT V

REQUEST PAY FEES IN-LIEU OF CONSTRUCTING SIDEWALK IMPROVEMENTS

NOTE: Please fill out in ink. Application forms in pencil will not be accepted.

PARCEL INFORMATION

Project Address: _____
(Leave blank if address is not assigned. For multiple addresses, attach a separate sheet.)

Parcel Number (Property Tax Account Number): _____
(Include all parcels. Attach additional sheets, if necessary.)

PROPERTY OWNER INFORMATION

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone - Day: _____--_____-_____-_____- Evening: _____--_____-_____-_____-

Owner's Authorized Agent: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone - Day: _____--_____-_____-_____- Evening: _____--_____-_____-_____-

FEE CALCULATION

Item	Linear Feet	Cost per LF of Frontage	Cost per Item
Frontage			
Curb & Gutter		10	
Sidewalks & Ramps		10	
Landscaping/Street Trees/Restoration		5	
Paving including Patching & Saw Cutting		20	
Grading & Erosion Control		25	
Drainage Improvements			
SUBTOTAL:	-	-	
8% Design Overhead (Subtotal * 1.08)	-	-	
10% Administration Fee (Subtotal * 1.10)	-	-	
Other (Describe)			
TOTAL	-	-	

I am the property owner or authorized agent of the property owner. As owner or authorized agent, I am requesting that a payment in-lieu of right-of-way improvements be considered for the reference project at the address indicated. I agree that the funds will be used for the indicated capital improvements above. By sign this request I am agreeing to pay the calculated fee amount

Property Owner's Signature _____ Date _____
or
Authorized Agent's Signature _____ Date _____



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INTERNAL USE ONLY

Project and Site Conditions:

- ☐ Project is Single Family Development
- ☐ Project does not abut an arterial
- ☐ Project frontage does not abut or provide connections to existing or planned sidewalks
- ☐ Project would not abut or provide connections to schools, parks, bus stops, shopping, or high employment
- ☐ The frontage improvement would not be of sufficient length for reasonable use
- ☐ The frontage improvement would conflict with a planned or anticipated public capital project
- ☐ The frontage improvement would negatively impact critical areas

☐ Eligible

☐ Not Eligible

Approved by: _____ Date: _____

CIP Fund Assignment:

Project Name: _____ Budget Number: _____

Approved by: _____ Date: _____