

RECEIPT NUMBER: \_\_\_\_\_

**FORM A - IMPACT FEE DOCUMENTATION AND CALCULATION FORM**  
**[York County, South Carolina, Effective December 31, 1996]**

**Instructions: Applicant to complete items 3, 5, 6, 7, 8, 9. This form MUST be accompanied by a copy of York County building or mobile home permit. Staff to complete all other items unless otherwise noted.**

(1) CERTIFICATE OF OCCUPANCY NO: \_\_\_\_\_

\_\_\_\_\_  
(Same as building permit no.)

(2) Fee: \$ \_\_\_\_\_

(3) DATE: \_\_\_\_\_

(4) TAX MAP NO. \_\_\_\_\_

(5) NAME, ADDRESS AND TELEPHONE NUMBER OF APPLICANT:

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

(Telephone No. 8:00 A.M. - 5:00 P.M.)

(6) PROVIDE OCCUPANT LENGTH OF RESIDENCY IN YORK COUNTY: \_\_\_\_\_  
[Please indicate town, county, and state where occupant previously lived, if occupant is not known, indicate don't know]

(7) STREET ADDRESS OF THE PROPERTY: \_\_\_\_\_

(8) NAME OF PROPERTY OWNER: \_\_\_\_\_

(9) EXEMPTION/WAIVER REQUESTED:  Yes  No  
[If yes, state grounds for exemption/waiver, check applicable box below and forward to Director of Planning or designee]

(10) REASON FOR EXEMPTION/WAIVER REQUEST:

- Previous payment of impact fees for this dwelling unit. \$ \_\_\_\_\_ [submit receipt for such payment.]
- Public facility provided by the State of South Carolina or by the federal government [State name of facility and responsible government entity.]
- Proposed development does not produce an increased demand for public facilities for which impact fees are imposed. "No increase in demand" on school facilities must be demonstrated by acceptable methodology.

(11) IMPACT FEE CALCULATION

A. School Facilities Impact Fee

- (1) Number of residential DUs: \_\_\_\_\_
- (2) Impact fee per DU (by district): \$ \_\_\_\_\_
- (3) Impact fee: \$ \_\_\_\_\_  
[Multiply number of residential DUs by the applicable impact fee per DU]
- (4) Impact fee amount due: 

\$ _____
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THE FOLLOWING CERTIFICATIONS ARE TO BE COMPLETED BY DIRECTOR OF PLANNING OR DESIGNEE.

IMPACT FEE CALCULATION REVIEWED BY:

AUTHORIZATION ISSUED BY:

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

\_\_\_\_\_  
Director of Planning & Development Services  
[or his designee]

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

DATE: \_\_\_\_\_

EXEMPTION/WAIVER REQUEST REVIEWED BY:

ACTION ON REQUEST FOR EXEMPTION

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

- Approved
- Denied
- Approved subject to the following conditions:

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

REASON FOR DETERMINATION: \_\_\_\_\_

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