

**REQUEST FOR CAPACITY RESERVATION**

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1. Project Name: \_\_\_\_\_
2. Property Owner: \_\_\_\_\_
3. Name of Petitioner(s): \_\_\_\_\_
4. Address of Petitioner(s): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail Address \_\_\_\_\_

5. a. Parcel account number(s) (from tax roll): \_\_\_\_\_
- b. Property Location/Address: \_\_\_\_\_
- c. Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Size of Property \_\_\_\_\_ Acres/SF
6. Do you choose to reserve capacity?    Y    N                      If no, fill out a deferral affidavit.

7. Type of Development Order (enter letter in box):

- |                                |                                       |
|--------------------------------|---------------------------------------|
| a. DRI*                        | f. PUD Conceptual Plan                |
| b. Building Permit*            | g. Final PUD Plan*                    |
| c. Rezoning                    | h. Preliminary Plat                   |
| d. Site Plan*                  | i. Land Use Amendment                 |
| e. Final Shopping Center Plan* | j. Concurrency Development Agreement* |

\* Final Development Order. A Final DO cannot defer payment.

8. a. Proposed Use: \_\_\_\_\_
- b. Existing Use: \_\_\_\_\_
- c. Square footage of structure (commercial, industrial, institutional, office):
  - New Square Footage: \_\_\_\_\_
  - Proposed Square Footage-(Addition) \_\_\_\_\_
  - Existing Square Footage: \_\_\_\_\_
- d. # of dwelling units (single, multifamily dwelling or mobile home): \_\_\_\_\_
- e. # of rooms (ACLF, hotel/motel): \_\_\_\_\_
- f. # of beds (hospital or nursing home): \_\_\_\_\_
- g. # of screens (movie theatre): \_\_\_\_\_
- h. # of pumps (gas station): \_\_\_\_\_
- i. # of students (daycare or school): \_\_\_\_\_
- j. # of seats (beauty salon or restaurant): \_\_\_\_\_

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**STAFF USE ONLY:**

- a. Date received date/time\_\_\_\_\_ signature\_\_\_\_\_
- b. Application for DO accepted as complete. date/time \_\_\_\_\_ signature\_\_\_\_\_
- c. Capacity reservation application for:
  - 1. Transportation only
  - 2. Transportation, water and sewer
- d. Capacity reservation application fees:
  - 1. \$100 Inquiries or minimal review
  - 2. **\$750 Basic Review**
  - 3. \$900 if Alternate Data is submitted.

Transportation Impacts

Project Type Code (ITE Manual Latest Edition): \_\_\_\_\_

Project Trip Generation (AADT/Peak Hour): \_\_\_\_\_

Review Required: \_\_\_\_\_Statement \_\_\_\_\_Assessment \_\_\_\_\_ Study

Traffic Impact Analysis Review Fees:

- a. Statement: No additional fee
- b. Assessment: \$1,000 assessed by the Traffic Engineering Department
- c. Study: \$2,000 assessed by the Traffic Engineering Department

X \_\_\_\_\_  
Signature (Engineer) \_\_\_\_\_  
Date

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

Contact Phone Number: \_\_\_\_\_