Ada County Highway District
Impact Fee Assessment and Tenant Improvement Submittal Form
Email to: impactfees@achdidaho.org

Name of Project: __________________________________________________________
Address of Project (include suite number if applicable):
_____________________________________________________________________
Parcel Number: __________________________________________________________
City / Jurisdictional Application Number: _____________________________________

Checklist for Submittal:

- Plan Sheet – Please make sure to include cover sheet and floor plan only. (Full set not required.)
  - ✓ Proposed square footage________
  - ✓ Existing square footage________
- Prior Land Use (if applicable) - _____________________________________________
- Proposed Land use - ______________________________________________________
- Narrative of Project: (example- manufacturing with 4 offices)
  _______________________________________________________________________
  _______________________________________________________________________
  _______________________________________________________________________

Applicant Name (Please Print): ________________________________________________
Telephone Number: _________________Email address: __________________________
Mailing Address: _____________________________________________________________________

Engineer / Architect: _____________________________________________________________
Telephone Number: _________________Email address: __________________________
Mailing Address: _____________________________________________________________________

All applicable items and information requested above must be complete and submitted with this application. Incomplete submittals that do not contain the minimum information above will not be reviewed by ACHD until all items are received. Timely completion and submittal completeness may affect the promptness of the review.

If Civil Plans are currently being reviewed by ACHD staff, ACHD Impact Fees will be accessed with plan acceptance.

Submitter Signature: __________________________________ Date: _____________________