

Arterial Impact Fee Credit Transfer Request Form

- Credits must be used or transferred within the same benefit district from which they were accumulated
- Form may be submitted by mail, fax or email
- Allow 48 hours for processing
- Form must be completed by the agent or representative of the impact fee credit holder

Permit # Impact Fees are to be transferred from; SS32 # T _____ Impact Fee Dist. ____

For a transfer for **Residential Use**:

Project # SD _____ Plat/Subdivision Name _____

List the lot #'s or Bldg #'s

Total amount of transfer \$ _____

For a transfer for **Commercial Use**:

Project Name _____

Permit# _____

Development unit (store name or building #) _____

Total amount of transfer \$ _____

For a transfer to a **Company/Developer**:

Provide company name, address, contact person and phone number

Total amount of transfer \$ _____

I _____, as a representative or agent of _____,
have the authority to sign this assignment, and have executed this assignment as of ____ day of
_____ 200__.

Printed Name: _____

Company Name: _____

Signed By: _____

Return completed form to :

John Thiel, Jr.

City of Kansas City, Mo.

CPD, Development Services, Land Development

414 E 12th, 5th floor

Kansas City, Mo. 64106

Tel. 816-513-2507

Fax 816-513-2548