



DuPage County Division of Transportation  
 421 North County Farm Road  
 Wheaton, IL 60187  
 Impact Fees (630) 682-7238

(for office use only)

Date Received:

Application #:

## Road Improvement Impact Fee Permit Application

\*All applications must include plat of survey; commercial must include full size architectural plans and must include a letter from the architect verifying the usable floor area sq ft of the building. Demolitions must include a copy of demolition permit. Checks should be made payable to: "DuPage County Treasurer." Please do not pre-pay impact fees.

Full Size Architectural plans

We will call you when your receipt is ready to be picked up.

**\*Corporate/Applicant Information (Please Type or print clearly): (Address must include Zip Code)**

*Corporate Name :			
*Corporate Address:			
*Corp. City & *State *Zip:		*You must include a Zip Code:	
*Contact:			
*Phone:		Fax:	

**Legal Description of Property (Please answer all): Found on Plat**

Lot:	Block:	*Subdivision:		
* <b>IMPORTANT!!!</b> Tax Parcel Index (PIN) Number(s) (E.G., 09-01-100-014):				
Site Address:				
*Building Permit Issuing Agency:				
Demolition of Existing Structure? <b>Circle:</b>	No	or	Yes	Previous Use?

**Residential:**

\*Number of Dwelling Units to be constructed:

<input type="checkbox"/>	Single Family Home	<input type="checkbox"/>	Single Family <u>Attached</u> (e.g., Two (2) Units/duplex)
<input type="checkbox"/>	<u>Multi</u> Family Attached (e.g., Three (3) or more Units)	<input type="checkbox"/>	Other?

**Commercial:** Please include a letter from the Architect verifying the Sq Ft of the Building

**Refer to the Back of this application for specific Commercial types**

\*Square Footage of Commercial Building:

Remarks:

The Information contained herein is true and complete to the best of my knowledge. I understand that Processing time for this application will be ten working days or less and that should any of the information on this application be incorrect, processing of this application may be delayed.

Please Do Not Prepay Impact Fees

\*Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*You may copy the blank form of this application but applications...must be signed and dated in ink!*

\*Required

\*Commercial Building types

Full size Architectural plans.

Warehouse or Distribution Terminal

Light Industrial or Industrial Park

General Office

Office Campus

Office Park

Medical Office

Nursing Home Or

Assisted Living/Congregate Care

Day Care

Restaurant Quality (Fancy)

Restaurant High Turnover (Denny's, Bakers Square, Panera Bread, etc.)

Restaurant Fast Food (McDonalds, Culvers, Starbucks, etc.)

Hotel/Motel/Guest Suites..... Number of Rooms:

Retail

Service Station Information

Service Station

Number Of Pump Stations?

Generally Two PS per Island

If the service station includes a Convenience Store, Car Wash, and or Restaurant, Include the Square Footage of each portion Also include a letter from the Architect verifying the SF

SF of Store:

SF of Car Wash:

SF of Restaurant:

Hospital

Addition to structure

School

Supermarket

Convenience Store

Movie Theaters/Cinema's

Church

Other (Please Specify)

Please Do Not Prepay Impact Fees