Arterial Street Impact Fee Credit Transfer Request Form

Credits must be used or transferred within the same benefit district from which they were accumulated

Impact Fees are to be transferred from account number SS32 – ______ Impact Fee District _____

• Form may be submitted by mail, fax or email – electronic signatures are acceptable

816-513-2551 (phone) 816-513-2548 (fax)

- Please allow up to 48 hours for processing
- Form must be completed by the agent or representative of the impact fee credit holder

For a transfer for Residential U	<u>se</u> :	
	Plat/Subdivision Name	
List the lot numbers, building n	umbers, or addresses	
Total amount of transfer \$		
Total allocate of transfer \$		
For a transfer for Commercial L	Jse:	
	 Plan	Permit
	or building #)	
Total allibuilt of transfer \$		_
For a transfer to a Company/D	eveloper:	
Provide company name, address, contact person and phone number		
• ,	mber (if available) SS32 –	
Total amount of transfer \$		
Ι,	as a representative or agent of	, have the authority to sign
this assignment, and have exec	uted this assignment as of day of	, 20
Printed Name:		
Company Name:		
Signed By:		
5.8.164 5/·		
Return completed form to :	Impact Fee Administrator	
	City of Kansas City, Missouri City Planning and Development, Land Development I	Division
414 East 12th Street, 5th floor		
	Kansas City, Missouri 64106	
	CPD-ImpactFee@kcmo.org	