

DF 5141

NEW HAVEN UNIFIED SCHOOL DISTRICT
34200 ALVARADO-NILES ROAD • UNION CITY, CA 94587-4402
(510) 471-1100 • Fax (510) 475-3858

CERTIFICATION FOR PAYMENT OF SCHOOL IMPACT FEES

(A separate form must be completed for each building unit)

This Section is to be completed by the Applicant:

Developer/Owner: _____ Contact Person: _____

Address: _____

Telephone: _____ Fax: _____

Construction Location (OR) Legal Site Description: _____ Tract Number: _____

Development Name: _____ Lot Number: _____

Address: _____

[] Single Family Residence [] Multi Family Residence [] Addition to Existing Residence

[] Commercial/Industrial Building

Square Footage: _____

I, the undersigned, certify under penalty of perjury that the above information is correct and true to the best of my knowledge and that I will file an amended certification of payment and will pay additional fees if I am granted an increase in square footage after the building permit has been issued or if the initial determination of square footage is found to be incorrect.

I am the developer/owner of the above described project(s) or an authorized agent.

Developer/Owner/Agent (Signature)

Date

YOU ARE HEREBY NOTIFIED THAT YOU HAVE NINETY (90) DAYS FROM THE DATE OF PAYMENT OF THE FEE IDENTIFIED HEREIN TO FILE A PROTEST AGAINST THE IMPOSITION OF THESE FEES PURSUANT TO GOVT. CODE SEC. 66020.

** This Section is to be completed by the School District:

This is to certify that the applicant listed above has paid all developer fees due under the provision of Government Code Section 65995 to the New Haven Unified School District as determined by the above information. Payment of these fees is a prerequisite to issuance of a building permit. If the square footage listed above does not correspond with the submitted plans, a building permit will not be issued until an amended certification of payment and additional fees have been received by New Haven Unified School District.

Square Footage Rate: _____ Amount Paid: _____ Other Fees Paid: _____

Check Number: _____ Date: _____ Type of Fee: _____

Agent for New Haven Unified School District (Signature)

Date

[] School Impact Fee Log

[] School Impact Fee Spreadsheet

Table with columns: FUND, LIFE REPORT, LOCATION, PROGRAM, SUB-PROGRAM, OBJECT SUB-OBJECT, USER PROGRAM, AMOUNT. Includes a 'For N.H.U.S.D. Use Only' label and a 'Deposit to:' label.

White Copy: Applicant

Yellow Copy: School District

Pink Copy: NHUSD Business Office

Gold Copy: City of Union City