



City of Dover, New Hampshire Impact Fee Waiver Request Form

[Revision Date: October 19, 2011]

<i>Office Use Only</i>	Date Received: _____	Date of Planning Board Meeting: _____
	Waiver Request #: _____	

PROPERTY OWNER AND PARCEL INFORMATION

Name of Property Owner: _____ Telephone # _____

Address of Property Owner: _____

Address of Property Being Assessed Impact Fee: _____

Assessor's Map # _____ Lot(s) # _____

Type of Building Proposed (check one):

RESIDENTIAL

- _____ Single Family Detached
- _____ Single Family Attached (townhouse)
- _____ Duplex or 3-Unit Structure
- _____ Multi-family Structure (4+ Units)
- _____ Manufactured Home

NON-RESIDENTIAL

- _____ Retail, Restaurant, or Club building
- _____ Office or Commercial Services building
- _____ Industrial, Transportation, Warehouse or Communication Building
- _____ Nursing Home or Assisted Living Building
- _____ Other Institutional Use Building

Amount of impact fee invoiced by City: \$ _____

Use the space provided to explain why you feel that the impact fee assessed for your property should be waived by the Planning Board, per Chapter 170-28.7, G. (attach additional sheet if necessary):

Owner's Signature

Date