

DEPARTMENT OF PLANNING AND CODES CAROLINE COUNTY, MARYLAND

403 South 7th Street · Suite 210 · Denton, Maryland 21629 Phone (410) 479-8100 · Fax (410) 479-4187

IMPACT FEE INVOICE

Owner Information					
Owner Name		Phone			
Mailing Address					
City					
Location and Use					
Physical Premise Address _					
City					
Account ID					
CHOOL CONSTRUCTION New Single-Family D (includes attached and	N (does not apply to age- welling d detached accessory dwe	restricted dwelli	ings)		\$5,0
CHOOL CONSTRUCTION New Single-Family Description (includes attached and multi-Family Dwelling) Multi-Family Dwelling IRE PROTECTION & EMage-restricted dwellings only,	N (does not apply to age- welling d detached accessory dwe gs (per unit) (ERGENCY MEDICAL	restricted dwellings) SERVICES	\$5,000 X	X	_units = <u>\$</u>
CHOOL CONSTRUCTION New Single-Family Description (includes attached and multi-Family Dwelling) Multi-Family Dwelling IRE PROTECTION & EMage-restricted dwellings only,	N (does not apply to age- welling d detached accessory dwe gs (per unit)	restricted dwellings) SERVICES	\$5,000 X	X	
CHOOL CONSTRUCTION New Single-Family Description of the control o	N (does not apply to age- welling d detached accessory dwe gs (per unit) (ERGENCY MEDICAL	restricted dwellings) SERVICES	\$5,000 X	x	_units = \$units = \$
CHOOL CONSTRUCTION New Single-Family Description of the control o	N (does not apply to age- welling d detached accessory dwe gs (per unit) (ERGENCY MEDICAL	restricted dwellings) SERVICES hit) TOTAL DUE:	\$5,000 X	x	_units = \$units = \$
CHOOL CONSTRUCTION New Single-Family Description (includes attached and multi-Family Dwelling) Multi-Family Dwelling IRE PROTECTION & EM age-restricted dwellings only, Age-Restricted (55 and	N (does not apply to age- welling d detached accessory dwe gs (per unit) EERGENCY MEDICAL) d over) Dwellings (per un AGENCY PROCE	restricted dwellings) SERVICES hit) TOTAL DUE:	\$5,000 \text{ \$2,000 }	x	_units = \$units = \$
(includes attached and ☐ Multi-Family Dwellin IRE PROTECTION & EM age-restricted dwellings only)	N (does not apply to age- welling d detached accessory dwe gs (per unit) EERGENCY MEDICAL) d over) Dwellings (per un AGENCY PROCE	restricted dwellings) SERVICES att) TOTAL DUE: SSING ONLY Permit No.	\$5,000 Z	x	_units = \$units = \$