



**APPLICATION FOR INDIVIDUAL ASSESSMENT  
ACHD IMPACT FEE ORDINANCE 231**

Developer Name:  Address:  Phone Number: E-mail :	Contact Person's Name:  Address:  Phone Number: E-mail:
Project Description:	File No.
Project Location:	
Developer Signature:	Date:

**Application for Individual Assessment form must be submitted no later than thirty (30) days after the date of payment of the impact fee (Reference Ordinance 231 Section 7312.1 (c)).**

**The Individual Assessment Submittal must be completed in conformance with ACHD policies and procedures as outlined in the ACHD Guidebook for Conducting Individual Assessments (Reference Ordinance 231 Section 7312.1 (d)). The Individual Assessment Submittal must be submitted no later than two (2) years after the date the Application for Individual Assessment form was received by ACHD. (Reference Ordinance 231 Section 7312.1 (f)).**

**ACHD use:**  
Date received: