



Building Permit # \_\_\_\_\_

Date Issued: \_\_\_\_\_

**IMPACT FEES**  
 CITY OF MIDDLETON  
 7426 HUBBARD AVE.  
 MIDDLETON, WI 53562  
 608-821-8370 • FAX 608-827-1080  
 www.cityofmiddleton.us

**On November 6, 2007, the Common Council approved the creation of City Ordinance section 3.11 establishing Public Impact Fees, pursuant to Wis. Stats. § 66.0617. You may pay these fees at this time or within 14 days of the issuance of your Building Permit. ANY PERSON FAILING TO TIMELY PAY AN IMPACT FEE DUE IN FULL AFTER ISSUANCE OF A BUILDING PERMIT SHALL BE SUBJECT TO SUMMARY REVOCATION OF SAID BUILDING PERMIT THE DAY AFTER THE IMPACT FEE WAS DUE IN FULL.**

**AMOUNT OF EXEMPTION for Low Cost Housing purposes: \$ \_\_\_\_\_**

**Public Facilities Needs Assessment and Impact Fee**

Impact Fee	Single Family & Duplex (per DU)	Multi-Family 2+ bedrooms (per DU)	Multi-Family 1 bedroom (per DU)	Commercial new or add. (per SF)	Industrial new or add. (per SF)	<b>This Project</b>
Law Enforcement	\$742	\$556	\$371	\$0.230	\$0.140	\$
Fire	\$238	\$179	\$119	\$0.070	\$0.050	\$
EMS	\$260	\$195	\$130	\$0.080	\$0.050	\$
<b>Total</b>	<b>\$1,240</b>	<b>\$930</b>	<b>\$620</b>	<b>\$0.380</b>	<b>\$0.240</b>	\$

Project Address \_\_\_\_\_

**DU/SF**

SF & Duplex \_\_\_\_\_

MF 2+ bedroom \_\_\_\_\_

MF 1 bedroom \_\_\_\_\_

Commercial \_\_\_\_\_

Industrial \_\_\_\_\_

Project Name and Description \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Landowner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

I certify that all information is correct and that all pertinent City Ordinances will be complied with in performing the work for this project.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Date paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Total Impact Fee \$ \_\_\_\_\_