



MULTI-YEAR PUBLIC FACILITIES FEE PAYMENT APPLICATION

APPLICANT(S) NAME: _____

TENANT [] (Irrevocable Letter of Credit required if approved for payment program) OR
PROPERTY OWNER [] (Deed of Trust and Promissory Note or Irrevocable Letter of Credit required if approved)

SITE ADDRESS _____
Street City Zip

PHONE: _____ EMAIL: _____

ASSESSOR'S PARCEL # ____/____/____ INCORPORATED [] UNINCORPORATED []

TYPE OF BUSINESS: _____
(Please attach letter stating brief description of the business)

COMMERCIAL [] OR INDUSTRIAL [] BUILDING SQUARE FOOTAGE: _____

EXPANSION/ADDITION: YES [] NO []

NUMBER OF EMPLOYEES: _____

ESTIMATED NUMBER OF FUTURE EMPLOYEES:
2nd year 3rd year 4th year

WILL THIS BUSINESS CREATE JOBS IN STANISLAUS COUNTY?: YES [] NO [] If yes, how many _____

AVERAGE HOURLY WAGE: \$_____ per hour

ESTIMATED NUMBER OF JOBS CREATED THROUGH
PRODUCTS USED OR GENERATED TO OTHER SOURCES: _____

By signing below, I acknowledge that I understand this application will be reviewed by the Alliance Worknet and the Public
Facilities Fee Committee and a non-refundable \$350.00 fee is required at the time of submission.

APPLICANT'S SIGNATURE _____ DATE: _____

INTERNAL USE ONLY

Alliance Worknet Review:
Signature Date

PFF Committee Review:
Signature Date Approved [] Denied []

Building Permits Review:
Signature Date Fees collected (\$350.00) []

Calculated Fee: 20%:\$_____ 1st Yr: \$_____ 2nd Yr:\$_____ 3rd Yr: \$_____ 4th Yr: \$_____