

OPEN SPACE IMPACT FEE WORKSHEET

Property Address:					DD #/lf Applicable)
Owner/Developer					PD # (If Applicable)
Applicant:				Phone:	
Email Address				Date:	
Description of Work					
GENERAL FEE REQUIR	EMENT				
Dwelling Unit Size up to 799 sq. ft.		f of Units	Fee Per Unit \$418.00	# of Units x Ur	nit Fee
800 to 1,599 sq.	ft.		\$836.00		
1,600 to 2,999 sq	. ft.		\$1,254.00		
3,000 sq. ft. & U	Jp [\$1,672.00		
Affordable Housi	ng [\$100.00		
"			TOTAL		
APPLYING FOR A WAIVE	R?				
Fee Credit for on-site op Attach signed credit letter from De	•	ning & Developm	ent	Yes	No
Fee reduced due to individualized assessment? Attach signed letter from the Commissioner of the Department of Planning & Development Yes No					
Exempt replacement dwelling unit? Attach demolition permit - must be less than one year old No					
TO	OTAL FEE AF	TER REDUC	TION OR CREDI	TS	
More information: https://www.ch	icago.gov/city/en,	/depts/dcd/supp_i	nfo/open_space_impac	tfee.html	
		FOR DEPARTIV	ENT USE ONLY		
Department of Planning & Development Reviewed By:			Phone:		
Department of Buildings Enter fee amount under Plan Examination -			l By:		ono: