

DEVELOPMENT IMPACT FEE IMPERVIOUS SURFACE WORKSHEET



Development and Building Application Information

Complete at both: 1) development application stage (Tract/Parcel Map) and 2) building application stage (Building Permit Application)

(Circle One) City of : Dublin | Livermore | Pleasanton or Alameda County (Unincorporated Areas of Amador-Livermore Valley)

Date of Application: 4/21/22 Date of Transaction: _____

Type of Application: Site Development Review (Parcel/Tentative/Vesting/Tract Map) Building Permit

Project Location or Address*: 874 LAGUNA ST. LIVERMORE, CA
(Please attach a project location map with application)

Project Type: Commercial Industrial Residential

Applicant's Name: CANYON PRUSSO
 Owner Contractor Engineer/Architect Developer

Applicant's Address: 4361 TECHNOLOGY DR. UNIT 1 LIVERMORE CA 94551

Applicant's Phone: _____ Fax: _____

Email: _____

Parcel/Tract No.: _____ Lot No.: _____ APN # 99-313-78

Total Lot (or Parcel/Tract) Area in Sq.Ft.* 9823

(Please attach a plot plan identifying the total impervious areas for each lot or parcel/tract)

Impervious Surface* Descriptions	Pre-Project Condition of Lot or Parcel/Tract in Sq.Ft. (If Applicable)	Proposed Post-Project Condition of Lot or Parcel/Tract in Sq.Ft.
Building(s) Footprint (Including Attached Garage)	1923	
Driveway(s), Patio(s), Parking Lot, Impervious Decking(s)	400	
Detached Garage(s), Carport(s), Shed(s), Other Misc. Structures		
Accessory Dwelling Unit (ADU)		** 1198
Off-lot Impervious Surface (Streets, Sidewalks)	N/A	
Total Impervious Surfaces on Lot (or Parcel/Tract) in Square Feet	2323	***

* For explanations or interpretations of impervious surfaces, contact Jeff Tang of Zone 7 at 925-454-5075 (jtang@zone7water.com)

** ADU area of 750 Sq.Ft. or less are not assessed DIF, as of 1/1/2020 in accordance to CA SB-13.

*** Indicates field required by NPDES permit provision C.3.n.i. Other permit requirements and forms may also apply.

I declare under penalty of perjury, that to the best of my knowledge, the square footage presented herein is accurate and complete. The corresponding application(s) will be **CANCELLED** if the Impervious Surface Square Footage is (are) found to be misrepresented.

Signature of Applicant Date: 4/21/22

For Office Use Only - To be filled out by City/County staff	
Form received at Building counter and Amount Due calculated By: _____	Date: _____
Total Impervious Sq. Ft.: _____ x \$1.00 (Effective 1/1/2020) =	\$ _____ Amount Due
1% Administration Fee Retained by Collecting Agency = \$ _____	