

CITY OF OCONOMOWOC

2012 Permitting Fees

New Construction - Institutional Development

(Notes: Fees 1-3 are per sq. ft. of gross building floor area & 4 is for each building)

Total Sq. Ft. of gross building floor area: _____ Sq.ft.
(Final square foot number is taken off of the State review approval letter)

1) Highway & other Trans. Facilities Impact Fee

Ref. Municipal Code: 27.10 (1)

Acct. #221-405-5136 (9115) \$ 0.358 x 0 Sq. Ft. = \$0.00

2) Law Enforcement Facilities Impact Fee

Ref. Municipal Code: 27.10 (2)

Acct. #221-405-5136 (9116) \$ 0.225 x 0 Sq. Ft. = \$0.00

3) Fire Protection & EMS Facilities Impact Fee

Ref. Municipal Code: 27.10 (3)

Acct. #222-405-5136 (9117) \$ 0.225 x 0 Sq. Ft. = \$0.00

4) Assessment Fee for New Construction

Ref. Municipal Code: 3.10

Acct. #100-406-6114 (9120) \$ 100.00 x 0 Bldg. = \$ -

NOTE: Each Bulding

TOTAL FEE: **\$0.00**

NOTE: Please remit at Treasurer's window on 1st floor & bring receipt to
Department of Public Works on 2nd floor

Name Oconomowoc Hospital - Patient Tower

Address 791 Summit Ave

Tax Key No. OCOC0589975

Date 8/18/2008 By _____

Rec'd Date _____ By _____

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