

**ATTACHMENT A
CITY OF SPRINGFIELD SYSTEMS DEVELOPMENT CHARGE WORKSHEET**

Effective Jan 1, 2015

JOURNAL OR JOB NUMBER _____
 NAME OR COMPANY: _____
 LOCATION: _____
 MAP & TAX LOT NUMBER: _____
 DEVELOPMENT TYPE: _____

NEW DEVELOPED AREA (S.F.): _____	ITE: _____	Office Use Only Fee Entry	Register Codes
EXISTING DEVELOPED AREA (S.F.): _____	ITE: _____		
TOTAL IMPERVIOUS SURFACE (S.F.): _____	LOT SIZE (S.F.): _____		

1. STORM DRAINAGE
 IMPERVIOUS SQ. FT. _____ x \$ 0.633 PER SF
 TOTAL STORM DRAINAGE SDC: _____ 1178

2. SANITARY SEWER-CITY (see reverse side)

A. REIMBURSEMENT COST:
 NUMBER OF DFU's 0 x \$ 146.53 PER DFU _____ 1183

B. IMPROVEMENT COST:
 NUMBER OF DFU's 0 x \$ 71.52 PER DFU _____ 1184
 \$ 218.05

TOTAL LOCAL WASTEWATER SDC: _____

3. TRANSPORTATION
 BLDG AREA TGSF x TRIP RATE x COST PER ADT x NEW TRIP FACTOR
 NEW:

A. REIMBURSEMENT COST:
 _____ x _____ x \$ 16.14 PER TRIP x _____ NTF _____

B. IMPROVEMENT COST:
 _____ x _____ x \$ 292.46 PER TRIP x _____ NTF _____

EXISTING:

A. REIMBURSEMENT COST:
 _____ x _____ x \$ 16.14 PER TRIP x _____ NTF _____

B. IMPROVEMENT COST:
 _____ x _____ x \$ 292.46 PER TRIP x _____ NTF _____

\$ 308.60 TOTAL TRANSPORTATION REIMBURSEMENT SDC: _____ 1173
 TOTAL TRANSPORTATION IMPROVEMENT SDC: _____ 1094
 TOTAL TRANSPORTATION SDC: \$ _____

4. SANITARY SEWER - MWMC
 NEW:

A. REIMBURSEMENT COST:
 NUMBER OF FEU's _____ x _____ PER FEU _____

B. IMPROVEMENT COST:
 NUMBER OF FEU's _____ x _____ PER FEU _____

EXISTING:

A. REIMBURSEMENT COST:
 NUMBER OF FEU's _____ x _____ PER FEU _____

B. IMPROVEMENT COST:
 NUMBER OF FEU's _____ x _____ PER FEU _____

MWMC CREDIT IF APPLICABLE (SEE REVERSE)

TOTAL MWMC REIMBURSEMENT FEE: _____ 1054
 TOTAL MWMC IMPROVEMENT FEE: _____ 1186
 MWMC ADMINISTRATIVE FEE: \$10.00 1189
 TOTAL MWMC SDC: _____

SUBTOTAL (ADD ITEMS 1, 2, 3, & 4) _____

5. ADMINISTRATIVE FEES:
 BASE CHARGE (SUBTOTAL ABOVE) \$ _____ x 5% = _____
 TOTAL TRANSPORTATION ADMINISTRATION FEE: _____ 1175
 TOTAL SEWER ADMINISTRATION FEE: _____ 1190

Name _____	1/1/2015	TOTAL SDC CHARGES _____	
Title _____	DATE _____		