

PLEASE PRINT CLEARLY

SCHOOL DISTRICT CERTIFICATION OF PAYMENT OF SCHOOL IMPACT FEES PURSUANT TO GOVERNMENT CODE SECTION 53080

Receipt No. _____

Please note that for the convenience of the applicant, the Jefferson Union High School District will act as the collection agent for the high school district and the appropriate elementary school district (Bayshore, Brisbane, Jefferson Elementary or Pacifica School District).

School District: Jefferson Union High School District
699 Serramonte Boulevard, Suite #100
Daly City, CA 94015
Telephone: 650/550-7900

Permit Applicant: _____

Mailing Address: _____

Telephone: _____

Building Inspection Plan Check or Permit Number: _____

PROJECT LOCATION:

ASSESSOR'S
PARCEL NUMBER

Address: _____ - _____ - _____

PROJECT DESCRIPTION:

NOTIFICATION:

You are hereby notified that, pursuant to Government Code Section 66020, the project applicant has ninety (90) days from the date the fee is imposed to protest the imposition of the fee. This serves as notice that the ninety (90) day period for filing a protest of the fee imposed begins as of the date of this notice.

I acknowledge receipt of this notice on _____
Applicant or Applicant's Agent

SCHOOL IMPACT FEE RATE FOR THE FOLLOWING DISTRICTS – PER SQUARE FOOT:

Project Location	Residential			Commercial/Industrial		
	Fee	Elementary Share	High School Share	Fee	Elementary Share	High School Share
Bayshore Elementary	\$3.79	\$2.274	\$1.516	\$0.61	\$0.366	\$0.244
Brisbane Elementary	\$3.79	\$2.016	\$1.774	\$0.61	\$0.324	\$0.286
Jefferson Elementary	\$3.79	\$2.274	\$1.516	\$0.61	\$0.366	\$0.244
Pacifica Elementary	\$3.79	\$2.274	\$1.516	\$0.61	\$0.366	\$0.244

TOTAL SCHOOL IMPACT FEE COLLECTED:

Construction Project Square Footage: _____ x rate _____ = FEE \$ _____

CHECK HERE IF NO FEE IS DUE

SERVICE CHARGES: \$25.00 fee for returned checks; \$10.00 for refund of funds.

CERTIFICATION:

This certifies that all school impact fees due this school district and the appropriate elementary school district under AB2926 for the above-described project have been paid in full.

Signature of Certifying School District Official:

Date: _____
School Impact Fee Form Revised 2/19/19