



Jeffersonville Plan Commission  
Landscape Fee-In-Lieu Application  
500 Quartermaster Ct. • Suite 200 • Jeffersonville, IN 47130  
(812) 285-6413

**1. Applicant**

Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**2. Project Information**

Project Address: \_\_\_\_\_  
Parcel Number (18-digit): \_\_\_\_\_  
Street Frontage: \_\_\_\_\_

**3. Checklist for Eligibility of the Fee In Lieu Program**

Please note if any of the following conditions apply.

- The trees/landscaping to be waived exist along a primary arterial or other street where specific landscaping standards have been approved for consistency along the corridor.
- The trees/landscaping to be waived exist along a primary sidewalk.
- The landscaping to be waived serves some other significant purpose such as screening undesirable views (mechanical, electrical, large blank walls, etc.), stormwater detention, erosion control, etc.

**4. Attachments**

Along with this application, please enclose the following:

- Required landscape calculations for the project
- Proposed landscape plan as amended per this fee in lieu of landscaping request.

**5. Please Note**

The following quantities of landscaping may be waived:

- No more than 33% of the required shade trees
- No more than 33% of the required ornamental/evergreen trees
- No more than 50% of the required foundation plantings or parking lot screening
- No more than 25% of the required buffer yard plantings; the required setback or fencing/screening requirements may not be reduced by this program.

For Office Use Only

**Fee-in-Lieu of Landscape Calculation Table**

Item	# Reduced	Fee per Item	Fee Due per Item
Street Trees (LA-05 A)		\$175 ea.	
Property Line Trees (LA-05 B-1)		\$175 ea.	
Site Trees (LA-05 B-2)		\$125 ea.	
Parking lot screening (LA-05 B-4)		\$10 / linear foot	
Foundation Planting (LA-05 C)		\$30 ea.	
		<b>10% discount if paid within 30 days of approval</b>	

**Fee Determination**

**Total Fee:** \_\_\_\_\_

Case Number: \_\_\_\_\_

Fee-in-Lieu granted:     Yes     No

Fee Paid: \_\_\_\_\_                      Date: \_\_\_\_\_                      Director Signature: \_\_\_\_\_