

4. No credit shall be given for improvements or land dedications unless such improvement(s) or dedication(s) meets an expansion need of the County as identified in the County's five (5) year capital improvements program (CIP), the School Board's educational facilities plan (EFP), or adopted municipal capital improvement program.

III. Type of Impact Fees Credit Requested:
(Check only one)

- Emergency Services Impact Fee
- Correctional Facilities Impact Fee
- Public Buildings Impact Fee
- Law Enforcement Impact Fee
- Library Facilities Impact Fee
- Solid Waste Impact Fee
- Parks and Recreation Impact Fee
- Public Education Impact Fee

IV. SUPPLEMENTARY INFORMATION

The following items must accompany this application as indicated for each type of Impact Fee credit requested.

1. IF Credit for Land Dedication

- a) Subject Property Information

TAX PARCEL
ID NUMBER: _____

SITE ADDRESS: _____

TOTAL PROPERTY ACRES: _____ ACRES BEING DEDICATED: _____

- b) A drawing and legal description of the land being dedicated
- c) A certificate of title or title search of the land
- d) A document showing the most recent assessed value of the land by the Indian River County Property Appraiser (the land value will be calculated at one-hundred fifteen (115) percent of the assessed value)

OR

A document showing the appraised market value of the land at the date of its dedication. Fair market value must be established by the average of two (2) private appraisers prepared by a certified Florida Real Property Appraiser acceptable to the County at no expense to the county

2. **IF Credit for Non-Site Related Construction**

- a) The proposed plan of the specific construction (engineering drawings and specifications) prepared and certified by a duly qualified and licensed Florida Engineer.
- b) The estimated construction cost prepared and certified by a duly qualified and licensed Florida Engineer.
- c) Site Plan/Plat Project Number: _____

3. **IF Credit for Any Contribution or Payment**

- a) A certified copy of the development order in which the contribution or payment was agreed;
- b) If payment has been made, proof of payment; or
- c) If payment has not been made, the proposed method of payment.
- d) Site plan/plat project number: _____

V. Application Certification:

I hereby certify that I have the authority to make the foregoing application, and that the application is true, correct and complete to the best of my knowledge.

NOTICE - BE AWARE THAT:

Florida Statute Section 837.06 - False Official Statements Law states that:

"Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree," punishable as provided by a fine to a maximum of \$500.00 and/or maximum of a sixty day jail term.

Name : _____ / ____ / ____
(print) Date

Applicant/Agent/Owner Signature: _____
(Also note required signature on page 4)

VII. Impact Fees Credit Agreement Approval/Acceptance

Upon the signing of this document, by the County Administrator or his designee and the applicant, the agreement for impact fee credit for the _____ facility will be approved and accepted for the total amount of \$ _____.

Applicant Name: _____
(Print)

Board of County Commissioners
Indian River County, Florida

BY: _____
Applicant Signature

BY: _____
Joseph A. Baird
County Administrator

Date: _____

Date: _____