

**INDIAN RIVER COUNTY
APPLICATION FOR IMPACT FEES REFUND**

THIS FORM IS TO BE USED WHEN THE APPLICATION FOR REFUND IS BASED UPON THE **FAILURE TO SPEND OR ENCUMBER IMPACT FEES BY THE END OF THE CALENDAR QUARTER IMMEDIATELY FOLLOWING SIX YEARS FROM THE DATE THAT THE IMPACT FEE WAS PAID.**

* ASSIGNED I.R.C. *
* PROJECT NUMBER: _____ - _____ *

Submit to the Indian River County Planning Division

TYPE or PRINT ALL information.

I. Applicant Information

Name: _____
If the Applicant is a business entity (e.g., corporation, limited liability company, etc.), the complete legal name of the entity must be stated.

Address: _____

City, State & Zip: _____

Phone No: (_____) _____ Ext. _____

NOTE: Any refund check will be mailed to the above address, unless otherwise requested in writing.

II. Identify the Type of Impact Fee(s) for which Refund is Sought

Type of impact fee(s): _____

Date of payment and receipt by the county: _____

III. Status of Applicant

Applicant is the:

Current owner of the property for which the impact fee(s) was paid
If the Applicant is not the sole owner of the property, list the other owners _____

Other: Explain _____

For Individuals, Social Security #: _____

For Businesses, Federal Employer ID #: _____

NOTE: Any refund check will be made payable to all owners of the property, or the owner's agent as designated in writing. The social security number or federal employer ID number must be provided for all owners of the property.

IV. Subject Property Information

Property Address: _____

Property Tax ID Parcel #: _____

V. Please provide the following items with this application

1. A copy of the receipt of impact fee(s) payment or a copy of canceled check indicating amount and date impact fee(s) was paid
2. A copy of the recorded deed showing current property ownership status and other supporting documents
3. A completed W-9 form for each property owner

VI. Application Fee

No Application Fee

VII. Application Certification

WARNING: THE MAKING OF A FALSE STATEMENT UNDER OATH MAY CONSTITUTE PERJURY, PUNISHABLE IN ACCORDANCE WITH CHAPTER 837, FLORIDA STATUTES. IN ADDITION, THE MAKING OF A FALSE STATEMENT WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY IS PUNISHABLE IN ACCORDANCE WITH SECTION 837.06, FLORIDA STATUTES.

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION, AND THE FACTS STATED IN IT ARE TRUE.

If the applicant is a business entity (e.g., corporation, limited liability company, etc.), the signer must state his or her position with the entity (e.g., president, manager, etc.)

NOTE: THE APPLICANT MUST SIGN THIS APPLICATION BEFORE A NOTARY PUBLIC UPON OATH THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND CORRECT. THE NOTARY PUBLIC MUST THEN COMPLETE THE NOTARY PUBLIC CERTIFICATES ON THE NEXT PAGE. AN APPLICATION WHICH DOES NOT CONTAIN A COMPLETED NOTARY PUBLIC'S CERTIFICATE SHALL BE DEEMED TO BE INCOMPLETE.

NOTARY PUBLIC CERTIFICATE

A. FOR USE WHEN THE APPLICANT IS AN INDIVIDUAL

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____ who, upon oath, states that he/she has read the foregoing Application for Impact Fees Refund, which he/she has executed, and the facts contained therein are true and correct. I further state that affiant did take an oath.

(NOTARY SEAL)

Print name: _____
NOTARY PUBLIC - State of _____

Personally Known or Produced Identification
Type of Identification Produced: _____

B. FOR USE WHEN THE APPLICANT IS A BUSINESS ENTITY (SUCH AS A CORPORATION, LIMITED LIABILITY COMPANY, ETC.)

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____ as _____ of _____, who, upon oath, states that he/she has read the foregoing Application for Impact Fees Refund, which he/she has executed on behalf of _____, and the facts contained therein are true and correct. I further state that affiant did take an oath.

(NOTARY SEAL)

Print name: _____
NOTARY PUBLIC - State of _____

Personally Known or Produced Identification
Type of Identification Produced: _____

