Community Development

18400 Murdock Circle, Port Charlotte, FL 33948
Phone: (941) 743-1201 FAX: (941)743-1213
Zoning (941) 743-1964
Toll Free from Englewood (697-2919)
www.charlottecountyfl.com
"To exceed expectations in the delivery of public services"

For Office Use
Permit No.
Application Date
CSR

CHARLOTTE COUNTY IMPACT FEE PRE-PAYMENT PROGRAM

Application Form

APPLICANT INFORMATION

APPLICANT IS: OWNER AUTHORIZED AGENT OF THE OWNER

Proof of ownership or authorization is needed as part of this application

NAME:_____

ADDRESS:_____

CITY:_____ ZIP CODE:_____

PHONE:_____

EMAIL:_____

PROPOSED STRUCTURE

ADDRESS:_____

PARCEL ID:_____

PROPOSED USE(S)_____

_____

PROPOSED SQ. FT._____

A floor plan of the proposed structure is required as part of the application. This does not need to be professionally prepared but must be legible enough to clearly show the use(s) and size of the building.

PROGRAM DETAILS

1) Open to all categories of use with the exception to the following:
   a. Single Family (Detached)
   b. Multi-Family (Apartment)
   c. Condo/Townhouse (Attached housing unit)
   d. Mobile Home
2) Applications will be accepted until 5pm on July 14 2015 – Applications received after this date will not be valid.
3) Application for construction permit must be made within 2 years of the payment of the impact fees
4) Additional impact fees will be assessed at the rates in effect at the time of the application for construction permit if the use of the land is more intensive than the original proposal or if the structure is larger than the original proposed structure. The applicant at this point will pay the balance remaining per the impact fee ordinance. No refunds will be given if the opposite is true.
5) Impact fees will run with the land and are non-refundable in ALL cases.
6) The applicant will be required to sign an affidavit as to the above conditions prior to inclusion in the program.
7) Returned checks will result in disqualification from the program.

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AFFIDAVIT

I _____, attest that I am pre-paying impact fees for the property located at _____ (Street

number) _____ (Street name).

I am the Property Owner / Owners Agent (Circle One).

The proposed structure will be used as _____ and the square

footage of the proposed structure is _____sq.ft.

I confirm the following:

- ☐ I will apply for a construction permit within 2 (two) years of the date of this pre-payment
- ☐ I understand that additional impact fees may be assessed at the rate in effect of time of application for construction permit if the use or the size of the structure proposed above changes in any way.
- ☐ I understand that there will be no refunds of the payment under any circumstances
- ☐ I understand that the Impact Fees paid run with the land in all cases
- ☐ I understand that any returned checks for pre-payment of this impact fee will result in disqualification from the program along with any penalties imposed for returned checks.

Signature: _____

State of Florida, County of _____

The foregoing instrument was acknowledged before me this ____ day of _____20 _____

by _____ who is personally known to me or who has produced

_____ as identification and who di d/did not take an oath.

Seal

_____
Signature of Notary

_____
Notary's Printed Name

_____
Commission Number

4/20/2014 CLJ