DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES

For Office Use Only

IMPACT FEE APPLICATION FORM

***Fee payer:** _____ ***Fee payer Address:** _____

***Phone:** (__ __ __) __ __ __ -- __ __ __ __ ***City:** _____ ***State:** _____ ***Zip:** _____

A COPY OF THE BUILDING PERMIT APPLICATION IS REQUIRED FOR IMPACT FEE PROCESSING

CASH, CASHIER CHECK OR MONEY ORDER ONLY ***FOR PAYMENT OF IMPACT FEES***

***Site Address:** _____ ***Folio:** __ __ - __ __ __ __ - __ __ __ - __ __ __ __

***Permit Process Number:** _____ Square Ft: _____ Units: _____

Proposed Use: _____ Existing Use: _____

Legal Description: Lot: _____ Block: _____ Subdivision: _____ PB: _____ Pg: _____

Metes and Bounds (if applicable):

The fee payer does hereby certify that the information shown on this form is true and correct to the best of his knowledge and belief.

***Signature of Fee payer:** _____ ***Date:** ____/_____/_____

OFFICE LOCATIONS: **WEST DADE** **11805 SW 26 Street, Miami, Fl 33175.** **Tel: 786 315 2670**
Office Hours: **7:30 am-4.00 pm** **Fax: 786 315 2930**

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Land Use Code	Land Use Description	Units	Fee Per Unit	Total
Road Impact Fee				
			Total Road Impact Fee	
Fire Impact Fee				
			Total Fire Impact Fee	
School Impact Fee				
			Total School Impact Fee	
Police Impact Fee				
			Total Police Impact Fee	
Park Impact Fee				
			Total Park Impact Fee	

(Rev. 2006/06/23)

***REQUIRED FIELDS**