

# APPLICATION FOR IMPACT FEE STATEMENT

## SEMINOLE COUNTY

Check one box:

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> ALTAMONTE SPRINGS                 | <input type="checkbox"/> LAKE MARY | <input type="checkbox"/> SANFORD                |
| <input type="checkbox"/> CASSELBERRY (East of Hwy 17 & 92) | <input type="checkbox"/> LONGWOOD  | <input type="checkbox"/> WINTER SPRINGS         |
| <input type="checkbox"/> CASSELBERRY (West of Hwy 17 & 92) | <input type="checkbox"/> OVIEDO    | <input type="checkbox"/> CENTRAL FL RESEARCH PK |

Site Street Address: \_\_\_\_\_  
 Tax parcel I.D.# : \_\_\_\_\_  Legal Description Attached  
 Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax. no.: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax. no.: \_\_\_\_\_

**Project Name:** \_\_\_\_\_ **Building Name:** \_\_\_\_\_

**Proposed Residential Use:** (Check one)

- Single-Family    Duplex    Townhome/Condominium    Mobile Home    Apartment

List the number of dwelling Units: \_\_\_\_\_ Number of Buildings: \_\_\_\_\_

**Proposed Nonresidential Use:**

List the use and size of Building: (Example: Restaurant, medical office, general office. If a mixed use, list all.)

Use # 1 \_\_\_\_\_ Size \_\_\_\_\_ Use #3 \_\_\_\_\_ Size \_\_\_\_\_  
 Use #2 \_\_\_\_\_ Size \_\_\_\_\_ Use #4 \_\_\_\_\_ Size \_\_\_\_\_

**Proposed Change of Use:** (Applicant may be entitled to impact fee credits for prior uses .)

This use replaces a use of: \_\_\_\_\_ Size: \_\_\_\_\_  
 \_\_\_\_\_ Size: \_\_\_\_\_

Yes    No   If within the City of Altamonte Springs, is a fire sprinkler system proposed?  
 If yes, please submit construction drawings indicating the sprinkler system.

**NOTE:** Please submit a site construction and building floor plan with the application. It will be returned to you once the assessment is complete.

**OFFICE USE ONLY**

Statement no. \_\_\_\_\_ Date: \_\_\_\_\_ Input by: \_\_\_\_\_  
 Comments: \_\_\_\_\_