

## **GROWTH AND RESOURCE MANAGEMENT**

123 West Indiana Avenue, Room 200 DeLand, Florida 32720

Phone: (386) 736-5924 Email: <a href="mailto:lmpactFees@volusia.org">lmpactFees@volusia.org</a>

## **VOLUSIA COUNTY IMPACT FEE APPLICATION**

You must submit a city building permit application prior to this review.

CITY OFFICE USE ONLY  Ity Staff (print): Date:	City permit application date:	City Perr	mit Number:
The tax parcel in unimber: The tax parcel number should be a 12-digit number assigned by the County Property Appraisers office. If you are unsure of the correct tax parcel number, please contact the Property Appraisers office at (386) 736-5901.  Applicant Name: Mailing Address:  City:	Situs Address:		
Applicant Name:  Mailing Address:  City: State: Zip:	Tax parcel ID number:		
Mailing Address:  City:	•	• •	
Mailing Address:  City:	Applicant Name:		
City: State: Zip: Phone: E-mail:	Mailing Address:		
RESIDENTIAL   (Sq Ft is on conditioned/living space)	City:	State:	Zip:
Intended Residential Use:    Single-Family   Duplex   Accessory Dwelling Unit   Townhome/Condo   Mobile Home   Apartme New: Number of dwelling Units:   Sq Ft:   Number of stories:   Replacement: Sq Ft of previous dwelling:   Sq Ft New:   Addition:   Sq Ft of existing dwelling:   Sq Ft of Addition:   Sq Sq St of			
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New: Number of dwelling Units:	Intended Residential Use:		_
Replacement: Sq Ft of previous dwelling: Sq Ft New: Addition: Sq Ft of existing dwelling: Sq Ft of Addition:  COMMERCIAL  Project Name: List the intended Commercial Use and size of newbuilding: (Example: Restaurant, medical, general office.) Note: Quick lube and tire stores are calculated on the number of bays, and Hotel/Motel are on number rooms. Gas stations are on number of POS (point of Sale). Enter these numbers in place of Sq Ft.  Use # 1			
Addition: Sq Ft of existing dwelling:	<b>New</b> . Number of awening office. <b>Replacement</b> : Sa Ft of previous dwelling:	Sy ri Sy Ft Ne	7W
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