



**GROWTH AND RESOURCE MANAGEMENT**

123 West Indiana Avenue, Room 200

DeLand, Florida 32720

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**VOLUSIA COUNTY IMPACT FEE APPLICATION**

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

**City permit application date:** \_\_\_\_\_ **City Permit Number:** \_\_\_\_\_

**Situs Address:** \_\_\_\_\_

**Tax parcel ID number:** \_\_\_\_\_

*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:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**RESIDENTIAL** (Sq Ft is on conditioned/living space)

Intended Residential Use:

Single-Family  Duplex  Accessory Dwelling Unit  Townhome/Condo  Mobile Home  Apartment

**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: \_\_\_\_\_

**COMMERCIAL**

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

List the intended Commercial Use and size of new building: (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 \_\_\_\_\_ Sq Ft \_\_\_\_\_ Use # 2 \_\_\_\_\_ Sq Ft \_\_\_\_\_

Is this project  an expansion of an existing business,  a change of use of an existing structure, or  a demolition of structure(s)?

Please list the use and size of previous building. (Example: SFR, Restaurant, medical office, general office etc.). Documentation may need to be furnished to determine exemption amount.

Use # 1 \_\_\_\_\_ Sq Ft \_\_\_\_\_ Use # 2 \_\_\_\_\_ Sq Ft \_\_\_\_\_

**Addition:** Sq Ft of existing building: \_\_\_\_\_ Sq Ft New: \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**NOTE:** For Commercial reviews, please submit a copy of the floor plans and a site plan with the application. For Multi Family Residential, we require a floor plan as well as a site plan with building & unit count w/ Sq Ft.

**CITY OFFICE USE ONLY**

City Staff (print): \_\_\_\_\_ Date: \_\_\_\_\_

City Signature: \_\_\_\_\_

Notes: