



APPLICATION FOR IMPACT FEE REFUND

Application Date: _____ Date of Receipt: _____

Plan Review (PR#) _____ Permit # _____ B _____

Name of Development: _____ Petition # _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Owner's Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Tel.(Home): _____ Tel. (Work): _____

Please answer questions with a "Y" or "N" in area provided.

- Has the Building Permit been Canceled Yes No
- Has a Certificate of Occupancy been issued Yes No
- Has the permit been modified prior to completion of the project to a lower impact than which the permit was originally issued. Yes No

Reason for Refund: *(enter information within box)*

Note: All applications must include the following information:

- (1) A copy of payment receipt of the impact fee.
- (2) A copy of the permit, and evidence that the permit has been canceled.
- (3) If applicable, proof from the appropriate municipality that the permit has been canceled, and a copy of the permit issued by the municipality.
- (4) If Impact Fees were paid directly to a municipality, the date on which the municipality forwarded the funds to Palm Beach County.

I certify that all information given in this application is true to the best of my knowledge. Any false information given will result in immediate cancellation of application for refund.

Signature: _____ Date: _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Review By: _____ Date: _____ Approved By: _____ Date: _____

Approved Refund Amount: _____

Comments: *(enter information within box)*