



VOLUSIA COUNTY IMPACT FEE REGISTRATION APPLICATION

Growth Management Service Center
Development Information Management Activity
123 West Indiana Avenue, Room 205
DeLand, FL 32720-4604

TELEPHONE: DeLand (904) 736-5924, ext. 2256
Daytona Beach (904) 257-6000, ext. 2256
New Smyrna Beach(904) 423-3300, ext. 2256
FAX: (904) 740-5119
E-MAIL: kkeller@co.volusia.fl.us

Permit Number _____

PLEASE PRINT OR TYPE

Date _____

APPLICANT

Name		E-Mail Address	
Business Name			
Mailing Address			
City	State	Zip	
()	()		
Telephone Number	Fax Number		

Answer the following questions on the subject property for Impact Fee review:

1. **Physical Address:** _____
City: _____

The correct numeric street address for the site must be furnished. If unsure, contact the City or County where the project is located for the correct address.

2. **Property Tax Parcel 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 one of the following:

- | | |
|--|----------|
| DeLand - 123 West Indiana Avenue | 736-5901 |
| Orange City - 810A Commed Boulevard | 775-4818 |
| Daytona Beach - 250 North Beach Street | 254-4601 |
| New Smyrna Beach - 113 East Canal Street | 423-3315 |

3. **Attach a copy of the construction floor plans for the project and site plan for the project.**
(If multi-level, show all floors including mezzanines)

The calculation for the County impact fee is based upon the square footage of the structure(s) measured from the outside wall. If you have this information, please provide it. Please note: nursing homes and adult congregate living facilities are charged by the bed, hotels and motels by the room, quick lubrication and tire store/auto repair are charged by the bay, movie theaters by the screen, and general recreation by the number of parking spaces/campsites shown on the site plan.

4. **Description of the intended use of the project**
(Retail sales, warehouses, medical offices, office uses, etc.)

5. **Is this project an expansion of an existing business, a change of occupancy of an existing structure, or a demolition of structure(s)?** Yes _____ No _____

If yes, please furnish documentation to determine if any applicable credits can be utilized for this project.

Signature of Applicant: _____