



Commercial Impact Fee Registration Application

Planning & Development Services

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2345 Providence Blvd.

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Deltona, FL 32725

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To be completed by Applicant:

Applicant Name: _____
First Last M.I.

Address: _____

City State Zip

Phone Number: (____) _____ - _____ **Email:** _____

Applicant Is: Contractor Property Owner Other _____

Business/Project Name: _____

Building Permit **Date submitted:** ____/____/____ **Permit #:** ____ - ____

Site Address: _____

City State Zip

Property Tax Parcel No. _____

Square Footage: _____ **Attach an 8½ x 11 copy of the construction floor plans for the project and provide square footage for each category of land use.** *The calculation of impact fees is based upon the square footage of the structure(s) measured from the outside wall. Please note: Nursing Homes/ACL's/ALF's are charged by the bed, hotels and motels by the room, Recreational by the acre, Movie Theater by the screen, Quick Lube by the bay, and Gas Station by fuel position.*

Description of Intended use of the project (Retail Sales, warehouses, medical offices, office uses, etc)

Is this project: An expansion of an existing business A change of occupancy of an existing structure
(Please check all that apply.) A change of use of an existing structure A demolition of structure(s)
 A new construction

If you checked any of the boxes above, please furnish documentation to determine if any applicable credit can be utilized for this project. The structure must have been in existence on or after May 6, 1996.

Applicant Signature: _____ **Date:** _____

**Although County impact fees may be paid through the City of Deltona, a separate application must be completed for County Impact fees. For more information please contact Volusia County Growth & Resource Management, permitctr@co.volusia.fl.us (386) 736-5924 x2087. Updated fee schedules are available at <http://volusia.org/permitcenter/fees.htm>*

Office Use (only):

Impact Fee	Amount	Unit of Measure	Total Assessed	Impact Fee Credit Total Paid	Total Due
Law Enforcement	\$		\$	\$	\$
Fire	\$		\$	\$	\$
Transportation	\$		\$	\$	\$
Parks	\$		\$	\$	\$
Total Due					\$

Assessed By _____

Date: _____

** This is not an invoice as impact fees are subject to change at any time. The total due in impact fees is subject to the fee schedule in effect at the time the payment is made.*