

**INDIAN RIVER COUNTY  
APPLICATION FOR IMPACT FEES REFUND**

THIS FORM IS TO BE USED WHEN THE APPLICATION FOR REFUND IS BASED  
UPON THE REVOCATION, EXPIRATION OR WITHDRAWAL OF A BUILDING  
PERMIT OR AN INITIAL ONE-YEAR CONCURRENCY CERTIFICATE.

\*\*\*\*\*  
\* ASSIGNED I.R.C. \*  
\* PROJECT NUMBER: \_\_\_\_\_ - \_\_\_\_\_ \*  
\*\*\*\*\*

**Submit to the Indian River County Planning Division**

TYPE or PRINT ALL information.

**I. Applicant Information**

Name: \_\_\_\_\_  
If the Applicant is a business entity (e.g., corporation, limited liability company, etc.) the complete legal name of the entity must be stated.  
Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone No: (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

**NOTE: Any refund check will be mailed to the above address, unless otherwise requested in writing.**

**II. Status of Applicant**

Applicant is the:

- Original Fee Payer
  - Successor of the Original Fee Payer\*
  - Assignee of the Original Fee Payer\*
  - Other: Explain \_\_\_\_\_
- \*If the Applicant is the successor or assignee of the original fee payer, the applicant must submit written proof of successor or assignee status.

**III. Reason for Refund Request**

- Building permit expired, revoked or withdrawn
- One-year concurrency certificate expired, revoked or withdrawn
- Other: Explain \_\_\_\_\_

**IV. Subject Property Information**

Property Address: \_\_\_\_\_  
Property Tax ID Parcel #: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Project #: \_\_\_\_\_

V. **Application Fee**

No Charge

VI. **Application Certification**

**WARNING: THE MAKING OF A FALSE STATEMENT UNDER OATH MAY CONSTITUTE PERJURY, PUNISHABLE IN ACCORDANCE WITH CHAPTER 837, FLORIDA STATUTES. IN ADDITION, THE MAKING OF A FALSE STATEMENT WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTY IS PUNISHABLE IN ACCORDANCE WITH SECTION 837.06, FLORIDA STATUTES.**

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING APPLICATION, AND THE FACTS STATED IN IT ARE TRUE.**

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If the applicant is a business entity (e.g., corporation, limited liability company, etc.), the signer must state his or her position with the entity (e.g., president, manager, etc.)

**NOTE: THE APPLICANT MUST SIGN THIS APPLICATION BEFORE A NOTARY PUBLIC UPON OATH THAT THE FACTS CONTAINED IN THE APPLICATION ARE TRUE AND CORRECT. THE NOTARY PUBLIC MUST THEN COMPLETE THE NOTARY PUBLIC CERTIFICATES ON THE NEXT PAGE. AN APPLICATION WHICH DOES NOT CONTAIN A COMPLETED NOTARY PUBLIC'S CERTIFICATE SHALL BE DEEMED TO BE INCOMPLETE.**

## **Submittal Requirements**

### **Please provide the following items with this application**

1. A copy of the impact fee(s) payment receipt or a copy of the canceled impact fee payment check indicating amount and date impact fees were paid
2. Proof that building permit or one-year concurrency certificate is revoked, expired, or withdrawn, and other supporting documents
3. A completed W-9 form

# NOTARY PUBLIC CERTIFICATE

## A. FOR USE WHEN THE APPLICANT IS AN INDIVIDUAL

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**BEFORE ME**, the undersigned authority, personally appeared \_\_\_\_\_ who, upon oath, states that he/she has read the foregoing Application for Impact Fees Refund, which he/she has executed, and the facts contained therein are true and correct. I further state that affiant did take an oath.

(NOTARY SEAL)

\_\_\_\_\_  
Print name: \_\_\_\_\_  
NOTARY PUBLIC - State of \_\_\_\_\_

Personally Known  or Produced Identification   
Type of Identification Produced: \_\_\_\_\_

## B. FOR USE WHEN THE APPLICANT IS A BUSINESS ENTITY (SUCH AS A CORPORATION, LIMITED LIABILITY COMPANY, ETC.)

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

**BEFORE ME**, the undersigned authority, personally appeared \_\_\_\_\_ as \_\_\_\_\_ of \_\_\_\_\_, who, upon oath, states that he/she has read the foregoing Application for Impact Fees Refund, which he/she has executed on behalf of \_\_\_\_\_, and the facts contained therein are true and correct. I further state that affiant did take an oath.

(NOTARY SEAL)

\_\_\_\_\_  
Print name: \_\_\_\_\_  
NOTARY PUBLIC - State of \_\_\_\_\_

Personally Known  or Produced Identification   
Type of Identification Produced: \_\_\_\_\_

**Request for Taxpayer  
Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)		
	Business name/disregarded entity name, if different from above		
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____		<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	City, state, and ZIP code		
	List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number									

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.