



# GROWTH AND RESOURCE MANAGEMENT

123 West Indiana Avenue, Room 203  
DeLand, FL 32720

DeLand (386) 736-5924 Fax (386) 626-6550  
Daytona (386) 257-6000 Email: Impactfees@volusia.org  
New Smyrna Beach (386) 423-3376

## VOLUSIA COUNTY IMPACT FEE APPLICATION

<b><u>You must submit a city or county building permit application prior to this review</u></b>	County use only
Date building permit submitted _____ Permit Number _____	

Applicant Name _____		E-Mail Address _____
Business Name for the Project site _____		
Mailing Address _____		
City _____	State _____	Zip _____
Telephone Number _____		Fax Number _____
Applicant is: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please specify) _____		

### Answer the following questions about 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 – 2742 A Enterprise Road, Suite A | 775-5257 |
| 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 one copy of the site plan. Provide square footage for each category of land use. (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. Please note: nursing homes and adult congregate living facilities are charged by the bed, hotels and motels by the room, and general recreation and camp grounds are charged by the number of parking spaces/campsites 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 use 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. The structure must have been in existence on or after May 1, 1986 for demolition exemption.

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

You will receive a fee statement for the amount due. **Fees due are those in effect at the time of payment.** If your project is within the city limits of the following cities you should make your payment at their business offices provided you make your check payable to that city: **Daytona Beach, Deland, Deltona, Edgewater, Orange City, and Port Orange.** Please attach the fee statement to your check.