



Impact Fee Office
 2300 N. Jog Road
 West Palm Beach, FL 33411
 (561) 233-5025

APPLICATION FOR IMPACT FEE REFUND

Application/Received Date: _____ Payment Date: _____

Plan Review/Permit (PR#): _____

Name of Development (if applicable): _____

Location Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email address: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

	Please Check
Has the Building Permit been canceled?	Yes () No ()
Has a Certificate of Occupancy been issued?	Yes () No ()
Has the permit been modified?	Yes () No ()

Describe Modification and Reason for Refund:

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, provide a copy of the Municipal Impact Fee Report.

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

Signature: _____ Date: _____

Print: _____ Date: _____

FOR OFFICE USE ONLY

Review By: _____ Date: _____
 Approved By: _____ Denied By: _____ Date: _____
 Approved Refund Amount: _____

Comments: _____
