ORANGE COUNTY GOVERNMENT
FLORIDA

DEFERRED IMPACT FEE PROGRAM

Permit Number _____

PROPERTY APPRAISERS PARCEL IDENTIFICATION NUMBER(S)

Tax I.D. Number: Section _____ Township _____ Range _____ Sub _____ B&L _____

AKA _____
(Street Address)

I,_____ owner of the above property, do hereby request of the Orange County Growth Management Department deferment of impact fees.

_____
Owner Name (please print)

_____
Telephone Number

_____
Owner Address

_____
City State Zip

_____
(Mailing address if different from above)

The above statements are true to the best of my knowledge.

_____
Owner Signature Date

_____
Notary Signature

_____
My Commission Expires:

Rev.6/07