



## DEVELOPMENT IMPACT FEE REIMBURSEMENT FORM

Date \_\_\_\_\_

<b>Owner:</b> _____	<b>Phone:</b> (    ) _____		
<b>Mailing Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____	<b>Zip Code:</b> _____

<b>Location and Use:</b>				
<b>Street Address:</b> _____	<b>City:</b> _____	<b>State:</b> _____		
<b>Section:</b> _____	<b>Township:</b> _____	<b>Range:</b> _____	<b>Parcel Number:</b> _____	<b>Zone:</b> _____
<b>Subdivision:</b> _____	<b>Lot Number:</b> _____	<b>Block:</b> _____		

### Section 1:

<p><b>Please mark the following or explain the reason for refund request:</b></p> <p><input type="radio"/> Building permit expired or was revoked prior to start of construction.</p> <p><input type="radio"/> Demonstration by documentation that the mobile/manufactured home, development impact fee has been previously paid.</p> <p><input type="radio"/> Evidence of a clerical error.</p> <p><input type="radio"/> There is a change of use from that applied on the original application prior to occupancy of the building.</p> <p><input type="radio"/> Other explanation: _____</p> <p>_____</p> <p>_____</p>
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**Section 2:**

**Please provide the following documentation, as applicable to your request:**

- Evidence that the applicant is the original fee payer or a successor in interest.
- Copy of Development Impact Fee Application
- Copy of original building permit
- Evidence of non-commencement

Building Officials Signature: \_\_\_\_\_

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

**Planning Administrator Determination:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Appeal of the Planning Administrators determination shall be made to the Board by filing an appeal with the County Clerk within thirty (30) days of the date of mailing, faxing or personal delivery of written notice of the decision. Final determination shall be made by the Board.