

**ST. LUCIE COUNTY SCHOOL DISTRICT
APPLICATION FOR IMPACT FEE REFUND**



Each Child, Every Day

This request is for refund of Educational Impact fees pursuant to the Educational Facilities Impact Fee ordinance, St. Lucie County Ordinance 92-09.

SECTION A: REFUND REQUEST	Project Name:		Jurisdiction issuing permit:	
			<input type="checkbox"/> Port St. Lucie <input type="checkbox"/> Fort Pierce <input type="checkbox"/> St. Lucie County	
	Permit Number(s):			
	Applicant's Name:		Date of Request:	
	Street Address:			
	City, State, Zip:			
E-Mail Address		Primary Phone	Alternate Phone	

SECTION B. CERTIFICATION	Owner's Affidavit: I hereby certify that the I have paid the Educational Impact Fees (EIF) indicated below are eligible for refund to me or the company identified for the following cause:		
	<input type="checkbox"/> Permit has been Cancelled.		
	<input type="checkbox"/> Other, _____		
	Name of Individual or Company paying the EIF and requesting the refund:		
	Signature:		
	Print Name:	Title:	
Notary Certification: <div style="text-align: center;">(NOTARY SEAL)</div>			
The foregoing instrument was acknowledged before me by means of [<input type="checkbox"/>] physical presence or [<input type="checkbox"/>] online notarization, on this ____ day of _____, 20____ by _____, who is <input type="checkbox"/> personally known to me or <input type="checkbox"/> has produced _____ as identification.			
ATTACH THE FOLLOWING REQUIRED DOCUMENT(S) TO REQUEST			
1. Copies of Building Permits for affected units. 2. Copies of Invoice for Educational Impact Fees for each permit affected. 3. Please provide copy of cancelation of permit(s) or other applicable data to support the refund. 4. W-9 for individual/company requesting the refund			