



**LAKE
COUNTY**
FLORIDA

Office of Planning and Zoning

School Impact Fee Exemption for Older Person Housing Submittal Checklist Section 22.14, Lake County Code

Date _____

File # _____

Property Owner(s) Signature(s) _____

Name(s) _____ Phone _____ Email Address: _____

Address _____
Street City State Zip Code

Name(s) _____ Phone _____ Email Address: _____

Address _____
Street City State Zip Code

Representative Name _____ Phone _____ Email Address: _____

Address _____
Street City State Zip Code

Property Information:

Please provide a complete legal description of the property for which you are requesting an exemption and attach a copy of the current Warranty Deed.

Is the property platted? If so, please provide Plat Book & Page.

Plat Book _____ Page _____

Plat Book _____ Page _____

Plat Book _____ Page _____

Please attach copies of all recorded Deed Restrictions and provide Official Records/ Plat Book & Page.

Recorded in Official Records/ Plat Book _____ Page _____

Recorded in Official Records/ Plat Book _____ Page _____

Recorded in Official Records/ Plat Book _____ Page _____

How many dwelling units will be located on the property? _____

Please give a brief description of the development.

Are any structures currently in place? If so, please describe.

APPLICANT'S AFFIDAVIT

STATE OF FLORIDA)

:

COUNTY OF LAKE)

BEFORE ME, the undersigned authority personally appeared _____, who being by me first duly sworn on oath, deposes and says:

That he/she affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements, drawings, and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official Records of Lake County, Florida, and are **NOT RETURNABLE**.

(Applicant's Signature)

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____, as identification and who did _____ or did not _____ take an oath.

(SEAL)

Notary Public Signature

My Commission Expires: _____

OWNER'S AFFIDAVIT

STATE OF FLORIDA)

:

COUNTY OF LAKE)

BEFORE ME, the undersigned authority personally appeared _____, who being by me first duly sworn on oath, deposes and says:

- 1. That he/she is fee-simple owner of the property legally described on page 1 of this application, AND
- 2. That he/she desires a School Impact Fee Exemption Determination, AND
- 3. That he/she has appointed _____ to act as agent in his/her behalf to accomplish the above.

(Applicant's Signature)

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____, as identification and who did _____ or did not _____ take an oath.

(SEAL)

Notary Public Signature

My Commission Expires: _____

NOTE: All applications shall be signed by the owner or owners of the property, or some person duly authorized by the owner or owners to sign. The authority authorizing a person, other than the owner, must be attached.