CHARLOTTE COUNTY IMPACT FEES
AREA 103 B PUNTA GORDA

(Based on Impact Fees Effective 05/22/98 at 5% Discount)

Contractor/Owner: _____ Permit #: _____

Address: _____ Date: _____

☐ Pay impact fee at issuance of building permit.

☐ Pay impact fee immediately prior to issuance of the certificate of occupancy for the referenced improvement.

THE UNDERSIGNED hereby represents that authority exists from the owner and contractor to make the representations with reference to land use and election of time of payment.

Print Name of Owner: _____

Print Name of Contractor: _____

Date _____
Owner/Contractor

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The above election was acknowledged before me by _____, who is the owner/contractor for the referenced improvement, and who stated under oath that the representations in the above election are true and correct.

My Commission Expires: _____
Notary Public

FOR OFFICE USE ONLY

Land Use Type:

Residential: SF / MF / MH / O / Hotel/Motel

Impact Fee _____ * _____ Units = _____

Commercial: _____

Impact Fee _____ * _____ Square Feet = _____

Commercial: _____

Impact Fee _____ * _____ Square Feet = _____

Signature

Total Due $_____ **Receipt Date** _____ **Receipt Number** _____