



# VOLUSIA COUNTY IMPACT FEE REGISTRATION APPLICATION

Growth and Resource Management  
Permit Center  
123 West Indiana Avenue, Room 203  
DeLand, FL 32720-4604

TELEPHONE: DeLand (386) 736-5929, ext. 2087  
Daytona Beach (386) 257-6000, ext. 2087  
New Smyrna Beach (386) 423-3376, ext. 2087  
FAX: (386) 943-7096 [www.volusia.org/permitcenter](http://www.volusia.org/permitcenter)

E-MAIL: [PermitCtr@co.volusia.fl.us](mailto:PermitCtr@co.volusia.fl.us)

<b>You must submit a city or county building permit application</b>	<b>County use only</b>
Date building permit submitted _____ Permit Number _____	

Applicant Name _____		E-Mail Address _____	
Business Name for the Project site _____			
Mailing Address _____			
City _____	State _____	Zip _____	
Telephone Number _____		Fax Number _____	

**Applicant is:** (please circle one of the following) **Owner** **Contractor**  
Other (please specify) \_\_\_\_\_

**Answer the following questions about the subject property for Impact Fee review:**

1. **Physical Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_

The correct numeric street address for the site must be furnished. If unsure, contact the City or County where the project is located for the correct address.

2. **Property Tax Parcel Number:** \_\_\_\_\_  
The tax parcel number should be a 12-digit number assigned by the County Property Appraisers Office. If you are unsure of the correct tax parcel number, please contact the Property Appraisers Office at one of the following:

- |                                               |          |
|-----------------------------------------------|----------|
| DeLand - 123 West Indiana Avenue              | 736-5901 |
| Orange City – 2742 A Enterprise Road, Suite A | 775-5257 |
| Daytona Beach - 250 North Beach Street        | 254-4601 |
| New Smyrna Beach - 113 East Canal Street      | 423-3315 |

3. **Attach a copy of the construction floor plans for the project and one copy of the site plan. Provide square footage for each category of land use. (Show all floors including mezzanines)**  
The calculation for the County impact fee is based upon the square footage of the structure(s) measured from the outside wall. Please note: nursing homes and adult congregate living facilities are charged by the bed, hotels and motels by the room, and general recreation and camp grounds are charged by the number of parking spaces/campsites on the site plan.

4. **Description of the intended use of the project (Retail sales, warehouses, medical offices, office uses, etc.)**

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5. **Is this project an expansion of an existing business, a change of occupancy of an existing structure, or a demolition of structure(s)?** Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please furnish documentation to determine if any applicable credits can be utilized for this project. The structure must have been in existence on or after May 1, 1986 for demolition credits.

**Signature of Applicant and Date of signing:** \_\_\_\_\_

You will receive a fee statement for the amount due. **Fees due are those in effect at the time of payment.** If your project is within the city limits of the following cities you should make your payment at their business offices provided you make your check payable to that city: Daytona Beach, Deland, Deltona, Edgewater, Orange City, and Port Orange. Please attach the fee statement to your check.