

# IMPACT FEE PAYMENT PLAN REQUEST FORM

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The City of Orlando collects transportation, sewer and parks impact fees on new development projects to pay for necessary public infrastructure. Customers who are charged impact fees can apply for an Impact Fee Payment Plan through the City of Orlando Permitting Services office. This payment plan requires two (2) payments; 50% of impact fees due at permit issuance and 50% due prior to final inspection. Fill out this form to request a payment plan.

Permit Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

Property Owner Phone Number: \_\_\_\_\_

Digital Applicant Name: \_\_\_\_\_

Digital Applicant Email: \_\_\_\_\_

Digital Applicant Phone Number: \_\_\_\_\_

Request to enter into a payment plan for (choose all that apply):

Parks Impact Fee

Sewer Impact Fee

Transportation Impact Fee

School Impact Fee (single family detached and duplex only)

Please allow 48 business hours to process the request. If you have questions on Impact Fees, email [impactfees@cityoforlando.net](mailto:impactfees@cityoforlando.net) or call 407.246.3529.

**Certification Statement:**

By my signature below, I certify that the information contained in this application is true and correct to the best of my knowledge at the time of the application. I understand and have complied with all of the submittal requirements of this application. I further understand that this payment plan requires two (2) payments; 50% of the impact fees due at permit issuance and 50% due prior to final inspection. Any outstanding impact fee balances shall be paid prior to final inspections. If the subject commercial permit becomes inactive after a period of six (6) months or longer (As per City Code, Section 13.06), the initial impact fee shall be reassessed at the current rate in effect at the time of the Certificate of Occupancy, which may result in an increase to the overall impact fee(s).

**Property Owner's Signature:** \_\_\_\_\_

Print Name \_\_\_\_\_ (Owner)

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

SWORN to and subscribed freely and voluntarily for the purpose therein expressed before me by \_\_\_\_\_, known to me to be the person described in and who executed the foregoing. He/she is personally known to me or has produced \_\_\_\_\_ (type of identification) as identification.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

Print Name: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_