



DEFERRED IMPACT FEE PROGRAM

Permit Number _____

PROPERTY APPRAISERS PARCEL IDENTIFICATION NUMBER(S)

Tax I.D. Number: Section _____ Township _____ Range _____ Sub _____ B&L _____

AKA _____
(Street Address)

I, _____ owner of the above property, do hereby request of the Orange County Division of Building Safety deferment of impact fees.

Owner Name (please print)

Telephone Number

Owner Address

City State Zip

(Mailing address if different from above)

The above statements are true to the best of my knowledge.

Owner Signature Date

Notary Signature

My Commission Expires:



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