



ALTERNATIVE ROAD IMPACT FEE APPLICATION

Concurrency Management Office, Growth Management Department
PO BOX 1393 Orlando, FL 32802-1393 * (407) 836-5617

TYPE OF REQUEST (Please Check One)

ARIF APPLICATION # _____

- NEW STUDY (Processing Fee \$2,655.00)
TRANSFER EXISTING STUDY (Processing Fee \$1,525.00) Case # of Approved Study Requested
(These fees are non-refundable)

Please include the following:

- Parcel Identification number (ONLY INCLUDE THE PROPERTY FOR WHICH YOU ARE REQUESTING A STUDY)
Complete Legal Description (Legal description must not include property not covered by the proposed alternative impact fee agreement)
Map from Property Appraiser's website (www.ocpafl.org) for each parcel ID included on this application
Zoning approval for the Land Use proposed in your study
Land Use consistent with the one proposed in your study

DO NOT COMPLETE THIS APPLICATION IF YOU HAVE NOT OBTAINED THE APPROVAL OF THE ARIFC

PROJECT INFORMATION:

APPLICANT NAME: _____ PHONE #: _____
PROJECT NAME: _____ PERMIT # (If Available): _____
PROJECT LOCATION: _____
SIZE (UNITS/ROOMS/SQ. FT.): _____ LAND USE CATEGORY: _____
STUDY CONSULTANT: _____ PHONE #: _____
PARCEL IDENTIFICATION NUMBER: _____

OWNER INFORMATION:

OWNER NAME/COMPANY NAME _____
ADDRESS _____
CONTACT PERSON _____ PHONE # _____

APPLICANT'S SIGNATURE: _____
APPLICANT'S NAME (PRINT): _____
DATE: _____

DO NOT WRITE BELOW THIS LINE (TO BE COMPLETED BY ORANGE COUNTY STAFF)

IMPACT FEE INFORMATION: CASE NUMBER: _____
BUILDING PERMIT #: _____
DATE PERMITTED : _____
TRANSPORTATION IMPACT FEE ZONE #: _____
BCC Approval date: _____

STUDY RESULTS:

ALT. TRIP GEN _____ ALT. TRIP LEN _____ ALT%NEW _____
ORDINANCE CATEGORY _____
ORD. IMPACT FEE/UNIT \$ _____ ALT. IMPACT FEE/UNIT \$ _____
ORD. IMPACT FEE (TOTAL) \$ _____ ALT. IMPACT FEE (PAID) \$ _____
IMPACT FEE DIFFERENCE \$ _____ (Difference between fee under ordinance and alternate fee calc.)

MONITORING STUDY INFORMATION:

DATE MONITORING CONDUCTED _____

STUDY RESULTS:

(MON) TRIP GEN _____ MON. TRIP LEN. _____ % NEW _____
MONITORING IMPACT FEE/UNIT \$ _____
MONITORING IMPACT FEE (TOTAL) _____
IMPACT FEE DIFFERENCE \$ _____ (Difference between alternate fee calc. and monitoring fee calc.)

Mailing Address: Concurrency Management Office
Growth Management Department
PO BOX 1393
Orlando, FL 32802-1393

RELATIONSHIP DISCLOSURE FORM
For use with development related items except
applications in which the County is the principal or primary applicant

This form shall be submitted to the department processing your application prior to the development-related item being considered for review and/or approval by Orange County.

In the event any information provided on this form should change, the applicant(s) should file an amended form on or before the date of project consideration before the appropriate board or body.

IS THE APPLICANT OR ANY PERSON INVOLVED WITH YOUR PROJECT:

- **A RELATIVE OR BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**
- **AN EMPLOYER OF THE MAYOR OR MEMBER OF THE BCC?**

IS ANY PERSON WITH A BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?

Please complete table below:

	Applicant/Principal	Developer	Property Owner	Consultants/Attorney
Business Associate	YES/NO	YES/NO	YES/NO	YES/NO
Relative	YES/NO	YES/NO	YES/NO	YES/NO
Employer	YES/NO	YES/NO	YES/NO	YES/NO
Beneficial interest in the outcome	YES/NO	YES/NO	YES/NO	YES/NO

If you responded **yes** to any of the above questions, please state with whom and explain the relationship: _____

Case # _____
 (where applicable)

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature

Date: _____

Print Name and Title of Person completing this form: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone () _____

Facsimile () _____

STATE OF FLORIDA :
COUNTY OF _____ :

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida, and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the ____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____

Case # _____
(where applicable)

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

**This form should be completed in full and filed with all application submittals.
 This form shall remain cumulative ** File any amendment with the department processing your application.**

Part I

Please complete the following:

Name and Address of Principal or Principal's Authorized Agent: _____

Name and Address of Lobbyist, consultants, contractors, if any: _____

Part II

Expenditures:

An "expenditure" is defined to mean a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying, as this term is defined in section 2-351, Orange County Code. The term "expenditure" does not include contributions or expenditures reported pursuant to chapter 106, FS, or federal election law, campaign-related personal services provided without compensation by individuals volunteering their time, any other contribution or expenditure made by or to a political party, or any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4). (s.112.3215, FS) Do not disclose professional fees paid by the principal to his/her lobbyist for the purpose of lobbying. (s.2-354, Orange County Code)

The following is a complete list of all lobbying expenditures incurred by the principal or his/her authorized agent, his/her lobbyist, and/or his/her contractors, if applicable, expended in connection with the above-referenced project or issue:

Date of Expenditure	Name of Payee	Description of Expenditure	Amount Expended
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If continued on a separate sheet, please check here _____

Total Expenditures this Report: \$ _____

Date of this Report: _____

Case # _____

(where applicable)

Part III

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I further acknowledge and agree to comply with the requirement of section 2-354 of the Orange County code to amend this specific project expenditure report for any additional expenditure incurred related to this project prior to the scheduled Board of County Commissioner meeting. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Date: _____

Signature of Principal or Principal's Authorized Agent*
(check appropriate box)

STATE OF FLORIDA :
COUNTY OF _____ :

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the ____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____

**If form is signed by the Principal's Authorized Agent, please attach the completed Agent Authorization form.*

Case # _____
(where applicable)