



City of Clermont - CRA
IMPACT FEE ASSISTANCE PROGRAM
Application

This application, along with all required information should be submitted to:

James Hitt, Economic Development Director
Clermont Economic Development Department
685 W. Montrose Street
Clermont, Florida 34711

Office Use
Application No. \_\_\_\_\_

The Clermont CRA review and approval will be conducted at the next available meeting. This application and all attachments to it constitute public records. Call (352) 241-7305 if you have any questions about the Impact Fee Assistance Program (IFAP).

I. APPLICANT

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

II. PROPERTY OWNER (If same as applicant, go to Section III)

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

III. PROPOSED BUSINESS

Project/Business Name: \_\_\_\_\_

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

A. Is the project within the CRA project area of the City of Clermont? Yes \_\_\_ No \_\_\_

B. Project General Description – Please provide the following:

1. Exact description of the proposed use for impact fee assistance. Specify the type of business. \_\_\_\_\_

2. Impact Fee Assistance in conjunction with another CRA grant or Assistance Program? Yes \_\_\_ No \_\_\_ Which one? \_\_\_\_\_

C. Impact Fee \$ \_\_\_\_\_

D. Dollar amount requested (50% of Impact Fee): \$ \_\_\_\_\_

**IV. SATISFACTION OF CRITERIA**

By filing this application, the Applicant agrees and understands that this Impact Fee Assistance is given at the sole discretion of the Clermont CRA and these criteria are used solely to evaluate Applicant's project and does not create an entitlement to funding.

***ANY COST OR PERMIT FOR WORK PREVIOUSLY COMPLETED PRIOR TO AN APPROVED APPLICATION CANNOT BE REIMBURSED UNDER ANY CIRCUMSTANCE. DO NOT START ANY PHYSICAL RENOVATIONS UNTIL AFTER FINAL APPROVAL BY THE CITY/CRA, COMPLETION OF THE CONTRACT WITH THE CITY & NOTICE TO PROCEED HAS BEEN ISSUED.***

In addition, any Impact Fee Assistance is on a first come, first served basis. Application funding shall be in accordance with the established IFAP Criteria, City Land Development Codes and the approved Architectural Standards for the City.

**V. CERTIFICATION**

Applicant hereby certifies under penalty of perjury, that all information provided is complete, current, accurate and truthful.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print

**STATE OF FLORIDA  
COUNTY OF LAKE**

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_ who is personally known to me or has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

\_\_\_\_\_  
*Notary Signature*

Notary Public  
My Commission expires:

\_\_\_\_\_  
Print