



**\*DO NOT SUBMIT THIS APPLICATION WITHOUT ARIFC APPROVAL\***

**ALTERNATIVE TRANSPORTATION IMPACT FEE APPLICATION**

Planning, Environmental and Development Services  
PO BOX 1393 Orlando, FL 32802-1393 \* (407) 836-5600

TYPE OF REQUEST (Please Check One)

ARIF APPLICATION # \_\_\_\_\_

**NEW STUDY** (Processing Fee \$2,735.00)

**TRANSFER EXISTING STUDY** (Processing Fee \$1,571.00)  
(These fees are non-refundable)

Case # of Approved Study Requested \_\_\_\_\_

**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](http://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 on your study**

***\*DO NOT FILL 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:** Fiscal and Operational Support Division  
Planning, Environmental and Development Services Dept.  
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)