# SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Certification of Waiver of
Permit Application Processing Fee

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Regulation Division

3301 Gun Club Road

West Palm Beach, FL 33416-4680

Counties with a population of less than 50,000, municipalities with a population of less than 25,000, or a county or municipality not included within a metropolitan statistical area, may apply for a statutorily authorized waiver of the South Florida Water Management District’s (District) permit application processing fees. In order to qualify, the county or municipality must complete and certify (by signing) this form, and submit it to the District, as set forth in Section 218.075, Florida Statutes, and Subsection 40E-1.607(6), Florida Administrative Code.

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| --- | --- |
| Fiscal Year (for which the waiver is requested): |       |
| County/ Municipality: |       |
| Contact Person: |       |
| Telephone No.: |       |  | Email Address |       |
| Mailing Address: |       |
| City: |       |  | State: |       |  | ZIP: |       |

The project for which the fee waiver is sought serves a public purpose, and (**please check all applicable provisions**):

[ ]  The fee reduction is necessary due to an environmental need for a particular project or activity, or

[ ]  The permit processing fee is a fiscal hardship due to one of the following factors:

 [ ]  Per capital taxable value is less than the statewide average for the current fiscal year.

 [ ]  Percentage of assessed property value that is exempt from ad valorem taxation is higher than the statewide average for the current fiscal year.

 [ ]  Any condition specified in Section 218.503, Fla. Stat., that determines a state of financial emergency

 [ ]  Ad valorem operating millage rate for the current fiscal year is greater than 8 mills, or

[ ]  A financial condition that is documented in annual financial statements at the end of the current fiscal year and indicates an inability to pay the permit processing fee during that fiscal year.

**I hereby certify that the facts stated herein are true and correct.**

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| --- | --- | --- |
|       |  |  |
| Print Name and Title of authorized Official | Authorized Signature |
| **ATTEST, by:** |  |
|  |  |  |
| Clerk | Date |

**(Seal)**