SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Certification of Waiver of Permit Application Processing Fee

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
Regulation Division
3301 Gun Club Road
P. O. Box 24680
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.

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.

_____ _____
Print Name and Title of authorized Official Authorized Signature

ATTEST, by:

_____ _____
Clerk Date

(Seal)

Incorporated by reference in paragraph 40E-1.607(6)(b), F.A.C.