

**CITY OF CORAL GABLES
DEVELOPMENT SERVICES DIVISION
INSTRUCTIONS FOR COMPLETION OF
APPLICATION FOR REFUND OF IMPACT FEES**

The validity of an Application for Refund of Impact Fees is contingent upon its original completion and execution in **blue ink**. Copies of the Application are not valid. A completed and fully executed Application for Refund of Impact Fees must be timely submitted to the City of Coral Gables' Building Division along with a *certified* check in the amount of one hundred dollars (\$100.00) made payable to the City of Coral Gables. Additionally, the following documents **must** be attached to the Application for Refund of Impact Fees to render it complete:

1. A certified copy of the latest tax records pertaining to the property showing the owner of the property;
2. A copy of a dated receipt, for payment of the impact fees on the subject property, issued by the City of Coral Gables' Building Division;
3. A dated and notarized Affidavit, signed by the Applicant – attesting that the Applicant is the current owner of the property;
4. A dated and notarized, Statement of Basis Upon Which the Refund is Sought – signed by the Applicant; **and**
5. A dated and notarized, Impact Fee Refund Request Indemnification and Hold Harmless Agreement – signed by the Applicant.

The above-described Affidavit, Statement of Basis Upon Which the Refund is Sought, and the Indemnification and Hold Harmless Agreement **must** be executed by the same individual, and that individual must have legal authority and legal capacity to do so.

Failure to strictly comply with the instructions contained herein as well as those set forth in City of Coral Gables Municipal Code, Section 2-2101, et seq., shall result in a request for refund being denied. Furthermore, a failure to submit an Application for Refund of Impact Fees, in accordance with the instructions and Code provisions outlined herein, may result in the complete waiver of any purported legal entitlement to receive a refund of said fees.

**CITY OF CORAL GABLES
DEVELOPMENT SERVICES DIVISION
APPLICATION FOR REFUND OF IMPACT FEES**

*The validity of this Application is contingent upon its original execution in **blue ink**. Copies of this Application are not valid. Furthermore, failure to strictly comply with the instructions outlined in the Instructions for Completion of Application for Refund of Impact Fees as well as those requirements set forth in City of Coral Gables Municipal Code, Section 2-2101, et seq., shall result in the request for refund being rejected.*

Name of Applicant (must be the Current Owner)_____

Tax ID Number_____

Phone No._____

E-Mail Address_____

Mailing Address: _____

City_____, State_____ ZIP Code_____

Property Location at issue:_____

Folio No._____

Full Legal Description:_____

The above-named Applicant hereby certifies that the information reflected in this Application for Refund of Impact Fees as well as the documents submitted in support of said Application are true and correct to the best of his/her knowledge and belief.

Applicant's Signature:

Applicant's Printed Name:

Date of Execution:

**CITY OF CORAL GABLES
DEVELOPMENT SERVICES DIVISION
IMPACT FEE REFUND REQUEST INDEMNIFICATION AGREEMENT**

I, _____, covenant, warrant, and represent that I am lawfully authorized and entitled to receive a refund of the impact fees, in the amount of \$_____, as requested in the *Application for Refund of Impact Fees* that I submitted to the City of Coral Gables on _____. I represent, covenant, and warrant that the above impact fees were submitted in connection with the property located at _____, which has the following legal description:

_____.

I understand that the City of Coral Gables, acting in reliance upon my statements contained herein as well as those contained in the other documents and/or instruments submitted as part of my Application for Refund of Impact Fees, may make a refund payment to me for the above-described impact fees. As such, I hereby agree to indemnify, defend, and hold harmless the City of Coral Gables, its commissioners, attorneys, consultants, agents, and employees from and against all claims, damages, losses, and expenses direct, indirect, or consequential (including but not limited to fees and charges of attorneys and other professionals and court and arbitration costs) arising out of or resulting, in whole or in part, from the City's reliance upon my representations as to my legal authority and entitlement to receive a refund of the impact fees as requested in the Application for Refund of Impact Fees, which I submitted to the City in connection with the property described above. Moreover, I agree that nothing in this Indemnification and Hold Harmless provision shall be considered to increase or otherwise waive any limits of liability, or to waive any immunity, established by Florida Statutes, case law, or any other source of law afforded to the City of Coral Gables.

BY SIGNING THIS AGREEMENT THE UNDERSIGNED APPLICANT AGREES THAT SHE/HE HAS CONSULTED WITH AN ATTORNEY OR KNOWINGLY WAIVED THE RIGHT TO DO SO, AND FULLY UNDERSTANDS, ACCEPTS, AND AGREES TO THE TERMS CONTAINED HEREIN.

Applicant's Printed Name & Title (if applicable)

Applicant's Signature

Date of Execution

**NOTARIZATION FOR IMPACT FEE REFUND REQUEST
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

STATE OF FLORIDA)

ss.

COUNTY OF MIAMI DADE)

The foregoing instrument was acknowledged before me this ____ day of _____, in the year 20__, by _____ who is personally known to me or has produced _____ as identification.

My Commission Expires:

Notary Public

**CITY OF CORAL GABLES
DEVELOPMENT SERVICES DIVISION
IMPACT FEE REFUND REQUEST AFFIDAVIT**

I, _____, being duly sworn hereby declare and certify under penalty of perjury that I have personal knowledge of the facts outlined below and state as follows:

1. I am the current owner of the property located at

_____.

2. The full legal description for the above property is:

_____.

I understand that I am swearing or affirming under oath as to the truthfulness of the claims made in this Affidavit and that the punishment for knowingly making a false statement includes fines and/or imprisonment. Executed on this ____ day of _____, 20__.

AFFIANT'S PRINTED NAME & TITLE (IF APPLICABLE)

AFFIANT'S SIGNATURE

**NOTARIZATION FOR
IMPACT FEE REFUND REQUEST AFFIDAVIT**

STATE OF FLORIDA)

ss.

COUNTY OF MIAMI-DADE)

Sworn to and subscribed before me this ____ day of _____, in the year 20____, by
_____ who is personally known to me or has produced
_____ as identification.

My Commission Expires:

Notary Public

**CITY OF CORAL GABLES
DEVELOPMENT SERVICES DIVISION
IMPACT FEE REFUND REQUEST STATEMENT
OF BASIS UPON WHICH THE REFUND IS SOUGHT**

I, _____, covenant, warrant, and represent that I am lawfully authorized and entitled to receive a refund of the impact fees requested in the Application for Refund of Impact Fees, submitted to the City on _____, in connection with the property located at _____ and whose legal description is: _____.

I further covenant, warrant, and represent that the basis upon which the refund is being sought is as follows (you may attach additional pages and/or documents if necessary):

Applicant's Printed Name & Title (if applicable)

Applicant's Signature

Date of Execution

**NOTARIZATION FOR
IMPACT FEE REFUND REQUEST
STATEMENT OF BASIS UPON WHICH THE REFUND IS SOUGHT**

STATE OF FLORIDA)

ss.

COUNTY OF MIAMI-DADE)

The foregoing instrument was acknowledged before me this ____ day of _____, in the year 20____, by _____ who is personally known to me or has produced _____ as identification.

My Commission Expires:

Notary Public