

FEE WAIVER

APPLICATION INFORMATION PACKET

****Applications Accepted By Appointment Only****

Call 813-277-1630 to schedule an appointment to file an application. All applications filed after 3:00 p.m. will be processed and considered as filed on the next business day.



THE HILLSBOROUGH COUNTY BOARD OF COUNTY COMMISSIONERS ADOPTED LOBBYING ORDINANCE NO. 93-8, AS AMENDED. PRIOR TO MEETING PRIVATELY WITH A BOARD MEMBER, COUNTY ATTORNEY, CHIEF ASSISTANT COUNTY ATTORNEY, COUNTY ADMINISTRATOR, ANY ASSISTANT COUNTY ADMINISTRATOR, OR ANY DEPARTMENT HEAD, YOU MAY BE REQUIRED TO REGISTER AS A LOBBYIST.

**HILLSBOROUGH COUNTY DEVELOPMENT SERVICES DEPARTMENT
FEE WAIVER APPLICATION**

Shaded Area For Official Use Only



APPLICATION PREFIX & NUMBER: _____ - _____ - _____

HEARING(S) & TYPE: DATE: _____ TYPE: _____
(If Applicable)

DATE: _____ TYPE: _____

RECEIPT NUMBER: _____

APPLICATION TYPE AS REFERENCED IN LDC: _____

INTAKE DATE: _____ INTAKE TECHNICIAN SIGNATURE: _____

APPLICANT'S REPRESENTATIVE

Name: _____

Address: _____

City / State / Zip: _____ Daytime Phone: () _____

E-mail Address: _____ Fax Number: () _____

APPLICANT

Name: _____

Address: _____

City / State / Zip: _____ Daytime Phone: () _____

E-mail Address: _____ Fax Number: () _____

PROPERTY OWNER

Name: _____

Address: _____

City / State / Zip: _____ Daytime Phone: () _____

E-mail Address: _____ Fax Number: () _____

PROPERTY ADDRESS OR GENERAL LOCATION: _____

NATURE OF REQUEST: _____

RELATED APPLICATIONS: _____

PROPOSED UTILITIES: Public Water _____ Private Well _____ Public Wastewater _____ Septic Tank _____

(Additional Information Required On "Property Information Sheet")

I HEREBY SWEAR OR AFFIRM THAT ALL THE INFORMATION PROVIDED IN THE SUBMITTED APPLICATION PACKET IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE REPRESENTATIVE LISTED ABOVE TO ACT ON MY BEHALF ON THIS APPLICATION.

Signature of the Applicant

Type or Print Name

I HEREBY AUTHORIZE THE PROCESSING OF THIS APPLICATION AND RECOGNIZE THAT THE FINAL ACTION TAKEN ON THIS PETITION SHALL BE BINDING TO THE PROPERTY AS WELL AS TO THE CURRENT AND ANY FUTURE OWNERS.

Signature of the Owner

Type or Print Name

AFFIDAVID OF FINANCIAL HARDSHIP

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

BEFORE ME, the undersigned authority personally appeared, _____ ,
who, being first duly cautioned and sworn, deposes and says:

1. That my name is _____ and I make this affidavit based upon my personal knowledge.
2. That I am the authorized representative of _____ , a non-profit organization certified by the Internal Revenue Service as a 501(c)3 organization.
3. I do hereby certify that due to financial hardship, the above-referenced organization is in need of a waiver of the applicable fee(s) for the attached land use application.

FURTHER AFFIANT SAYETH NAUGHT.

Signature of Affiant

STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

I HEREBY CERTIFY, that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgements, personally appeared, _____ , who is either personally known to me _____ or produced _____ as identification, to me known to be the person described in and who executed the aforesaid instrument, and he/she acknowledged before me that he/she executed same as his/her free act and deed for the uses and purposes therein stated.

WITNESS my hand and official seal in the County and State last aforesaid this _____ day of _____ 20____ .

NOTARY PUBLIC

My Commission Expires:

SECTION 9.0 ADMINISTRATIVE DETERMINATIONS

A. General Description

This section includes submittal and review procedures for administrative determinations for the following:

- Interpretations of the Land Development Code (LDC)
- Non-Conformities
- Minor Changes to General Development Plans
- General Site Plan Certifications
- Zoning Verifications
- Administrative Waivers
- Fee Waivers

B. Review Procedures

Unless otherwise required, the following review procedures shall be followed for review of administrative determinations:

1. **Determination of Completeness:** Within seven (7) business days (excluding County holidays) of receiving the application, the Administrator shall determine whether the request is complete. If the Administrator determines that the request is not complete, verbal or written notice shall be given to the applicant specifying the deficiencies. If the deficiencies are not remedied within 30 days of receipt of the notification, a determination will be rendered based on the information provided.
2. **Rendering of Interpretation:** Within thirty (30) business days (excluding County holidays) of receiving the application, the Administrator shall review and evaluate the request. The determination shall be in writing and shall be sent to the applicant.

C. Appeals

Administrative determinations may be appealed to the Land Use Hearing Officer (LUHO) pursuant to the procedures in Section 10.0 of the manual (Appeals From The Administrator To The LUHO), unless otherwise required.

Sec. 9.7 FEE WAIVERS

In addition to the general submittal requirements, the following supplemental submittal requirements and review information for fee waiver applications shall apply.

A. General Description

This is a process to consider the waiver or refund of certain types of land use or development review application fees. This process does not include impact fees and utility capacity fees.

Requests for fee waivers may be considered when necessitated due to financial hardship, staff error or emergency/ catastrophe. There are two types of fee waiver requests: Personal and Non-Profit Organization.

Applications will be reviewed by the Administrator in accordance with the criteria herein. Applications which cannot be approved by the Administrator will be automatically scheduled for review by the Land Use Hearing Officer for consideration of an Exception to the criteria unless the petitioner requests the application be withdrawn.

B. Cross Reference to Land Development Code

None

C. Submittal Requirements

1. Personal Requests - Proof of financial hardship is required to be submitted by the applicant, spouse and all proposed beneficiaries of the review process for which the fee waiver is sought, for example, a member of the applicant's immediate family who is to receive or purchase a lot from the subdivision of property that is the subject of the waiver. The following information shall be provided:
 - a. Current wage earnings statement.
 - b. Previous year's U.S. Individual Income Tax Return statement(s). In cases where an applicant was not required to file an Income Tax Return, other proof of previous year's income, such as Form SSA-1099 (Social Security Benefit Statement), shall be provided.
 - c. Current bank account statements (savings and checking)
 - d. Debt statement, excluding credit card debts.
 - e. Summary of monthly expenses
 - f. Written statement describing the fees to be waived and the nature of the financial hardship.

2. Non-Profit Organization Requests – The applicant shall provide the following information:
 - a. Proof of an existing contract for the organization to provide social services on behalf of the BOCC resulting from either participation in the County's biennial competitive or non-competitive Request-for-Application (RFA) process, or as a result of having been previously selected by the BOCC through a competitive process to provide County social services.
 - b. Proof of certification by the Internal Revenue Service as a 501(c)3 non-profit organization.
 - c. A statement certifying the organization does not discriminate on the basis of age, race, color, sex, religion, handicap, marital status or national origin.
 - d. Proof of licensing by the State of Florida and Hillsborough County, as appropriate.
 - e. A completed Affidavit of Financial Hardship found in Section 3.0 of this manual.
 - f. A written statement describing the fees to be waived and the nature of the financial hardship. No other evidence of financial hardship shall be required.

D. General Review Process

Fee waiver applications which are in accord with the submittal and review criteria herein shall be approved by the Administrator within 30 business days. For applications which cannot be approved, the Administrator shall schedule the application for review by the Land Use Hearing Officer (LUHO) to consider an Exception and shall notify the petitioner of the hearing date in writing, at which time the petitioner may request the application be withdrawn.

1. LUHO Review – At the hearing, the petitioner shall be responsible for providing testimony to the LUHO regarding the merits of the case. The LUHO may consider the application for approval in the form of an Exception to the criteria. Exception requests shall be reviewed in a non-noticed proceeding and the LUHO shall render a written decision within 5 working days of the proceeding. If the Exception is denied by the LUHO, the decision is final and may not be appealed.

E. Administrative Review Criteria for Personal Requests

Fee waivers shall not be approved by the Administrator when the request is in connection with commercial businesses, for-profit enterprises, real estate speculation, the subdivision of property for the market sale of lots and similar ventures.

The Administrator shall approve fee waivers when the request is in accord with the following criteria:

1. The household income of the applicant or the household income of the beneficiary of the review process for which the fee waiver is sought, whichever is greater, does not exceed 80 percent of median income or below taken from the Federal Housing and Urban Development (HUD) Area Median Income Chart for Hillsborough County.
2. The request is to relieve personal financial hardship for land use applications under the following circumstances:
 - a. Applications affecting the applicant's homestead.
 - b. Applications affecting property the applicant proposes to homestead, provided the side of property does
 - c. Applications that will allow a member of the applicant's immediate family to homestead the property or subdivided portion thereof.

F. Administrative Review Criteria for Non-Profit Organization Requests

Requests for fee waivers by non-profit agencies shall be considered only if the organization meets the requirements of Section 9.7.C.2 herein. Such requests shall be reviewed on the basis of the documentation submitted in accordance with said section, including the Affidavit of Financial Hardship, without need for further evidence of financial hardship.

G. LUHO Review Criteria for Exceptions

All fee waiver requests not approved by the Administrator shall be scheduled for review by the LUHO for consideration of an Exception, unless the request is withdrawn by the petitioner. The LUHO shall conduct an independent review of the request based on the criteria herein and the testimony at the proceeding. In granting an Exception, the LUHO shall be required to find extraordinary financial circumstances, emergency, catastrophe or staff error which are outside the scope of the Administrator's authority to consider.

**Checklist of Submittal Requirements for a Fee Waiver
(Personal Request)**

	Applicant Initials	Intake Initials	Requirements
1.	_____	_____	Application (Included in this packet)
2.	_____	_____	Written Statement describing the fees to be waived and the nature of the financial hardship.
3.	_____	_____	Proof of Financial Hardship
3.a.	_____	_____	*Current wage earnings statement (applicant and spouse)
3.b.	_____	_____	*Previous year’s tax statement in cases where an applicant was not required to file an Income Tax Return, other proof of previous year’s income, such as Form SSA-1099 (Social Security Benefit Statement), shall be provided.
3.c.	_____	_____	*Current bank account statements (savings and checking)
3.d.	_____	_____	*Debt statement, excluding credit card debts
3.e.	_____	_____	*Summary of monthly expenses

**Checklist of Submittal Requirements for a Fee Waiver
(Non-Profit Organization Request)**

	Applicant Initials	Intake Initials	Requirements
1.	_____	_____	Application (Included in this packet)
2.	_____	_____	Written Statement describing the fees to be waived and the nature of the financial hardship.
3.a.	_____	_____	Affidavit of Financial Hardship
3.b.	_____	_____	Proof of an existing contract for the organization to provide social services on behalf of the BOCC resulting from either participation in the County’s biennial competitive or non-competitive Request-for-Application (RFA) process, or as a result of having been previously selected by the BOCC through a competitive process to provide County social services.
3.c.	_____	_____	Proof of certification by the Internal Revenue Service as a 501(c)3 non-profit organization.
3.d.	_____	_____	Statement certifying the organization does not discriminate on the basis of age, race, color, sex, religion, handicap, marital status or national origin.
3.e.	_____	_____	Proof of licensing by the State of Florida and Hillsborough County, as appropriate.