HILLSBOROUGH COUNTY PUBLIC UTILITIES
DEPARTMENT

ACKNOWLEDGEMENT OF IMPACT FEE- ELECTION METHOD OF PAYMENT
UNDER HILLSBOROUGH COUNTY CODE OF ORDINANCES AND LAWS
(Sec. 102-71)

AFFECTED SERVICE APPLICATIONS

Applications received for connection to the County’s water and/or wastewater utility system (the “Utility System”) are subject to Hillsborough County Code of Ordinances, Chapter 102 (the “Code”). The applicant must reserve capacity in the Utility System for each approved phase of the development before construction-plan approval before that phase is released by the Planning and Growth Management Department.

ADVANCE AGRF PAYMENTS

Advance payment of 1/6 Accrued Guaranteed Revenues Fees (AGRF) is not required for project elections made after March 19, 2014.

FUTURE PAYMENTS

Before commencing construction of any approved phase, the applicant must select a payment option through which the impact fees will and AGRF be collected for each unit within that phase. Two payment programs are available - the Impact Fee Assessment Program (the “IFAP”) and the Cash Payment Program (the “CPP”). Once the applicant elects a program for any phase, an alternate program cannot be substituted thereafter for that phase. The election to participate in the IFAP or the CPP runs with the land.

Upon election of a payment program for any phase, capacity is reserved for that phase for 2 years and the reservation may be extended in 2-year increments for up to 6 years if requested by the applicant in accordance with the Code. No further advance AGRF payments are required on that phase while that reservation remains in effect. The capacity reservation for each proposed unit of development that remains unconnected 6 years after the reservation was initially confirmed.
ACKNOWLEDGEMENT AND ELECTION

The undersigned applicant (the “Applicant”) hereby acknowledges that it intends to proceed with the development described in the County’s Service Request No. SR# _______ based on the application for service received by the County on _______. The Applicant also acknowledges that the total amount of AGRF due at this time to reserve the capacity approved in the aforesaid Service Request (the “Reservation”) is $_________, the computation of which amount is illustrated in the following table.

<table>
<thead>
<tr>
<th>GPD/ERC’S</th>
<th>WATER</th>
<th>WASTEWATER</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAPACITY FEE</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>AGRF AMOUNT</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
</tr>
<tr>
<td>1/6 AGRF</td>
<td>$</td>
<td>$</td>
<td>0.00</td>
</tr>
</tbody>
</table>

If the Applicant elects to participate in the CPP for the Reservation, then the Applicant further acknowledges that the total AGRF specified in the foregoing table is an estimate, and that the total AGRF due for each connection of the Reservation shall be based on the AGRF specified in the County-adopted rate resolution in effect at the time that the building permit for that connection is issued.

The Applicant hereby elects_______ or rejects_______ the IFAP (Impact Fee Assessment Program)* and elects_______ or rejects_______ the CPP (Cash Payment Program) as concerns future payments of AGRF for the Reservation.

*Election of the IFAP shall require submission of a properly completed Impact Fee Assessment Unit (IFAU) application within 30 days of signing the Acknowledgement and Election form. Failure by the applicant to submit this application will result in a forfeit of the IFAP Election.

Attest:                      Applicant:

First Witness to Signature   Authorized Signature

Printed Name of First Witness Print Name

Second Witness to Signature   Title

Printed Name of Second Witness Date

Printed Name of Project       Daytime Phone/Fax Number

*To calculate fees using our web calculator: http://HCFLGov.net/ImpactFees
*The Service Request # (SR#) can be found on your conditional approval letter
*Submit completed Acknowledgement and Election Form via email to the waterdept@hillsboroughcounty.org