

INFILL HOUSING PROGRAM GUIDELINES



Delivering Excellence Every Day

Public Housing and Community Development
Infill Housing Program
701 NW 1 Court, 16th Floor
Miami, Florida 33136
Main Number: (786) 469-4226
Fax Number: (786) 469-4199

Date Received ____/____/____
Received By: _____

INFILL HOUSING INITIATIVE Impact Fee Refund Application

Applicant must use blue ink for this application to be considered valid

Name of Applicant (Owner) _____ Tax ID Number _____

Phone No. _____ E-Mail Address _____

Mailing Address: _____

City _____, State _____ ZIP Code _____

Property Location _____ Folio No. _____

In order to obtain a refund of impact fees, the following documentation must be provided along with this application to the Infill Housing Program:

1. Copy of recorded Warranty Deed (including Infill Housing Program language) of the current owner
2. Proof in the form of a certificate of qualification and/or loan commitment letter stating that the buyer meets the eligibility requirements of a low-income buyer (80% or less of median income)
3. Receipts of paid impact fees, if available.

Mark "X" to sections that apply:

_____ Pursuant to Section 14 (d) (2) of Chapter 33E of the Code of Miami-Dade County (Road Impact Fee Ordinance) and Section VII. G. 2. of the Miami-Dade County Road Impact Fee Manual, as amended.

_____ Pursuant to Section 8.G.1 of Chapter 33J of the Code of Miami-Dade County (Fire & Emergency Medical Services Impact Fee Ordinance) and Section V. H.1 of the Miami-Dade County Fire & Emergency Services Impact Fee Manual, as amended.

_____ Pursuant to Section 7.G.1 of Chapter 33I of the Code of Miami-Dade County Ordinance (Police Services Impact Fee) and Section IV.D.1. of the Miami-Dade County Police Services Impact Fee Manual, as amended.

_____ Pursuant to Section 14.C of chapter 33H of the Code of Miami-Dade County (Park Impact Fee Ordinance) and Section XIII. C. (1) of the Miami-Dade County Park Impact Fee Manual, as amended.

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Impact Fee Refund Application (page 2)

Process #	Site Address and Unit # (if any)	Type of Housing	Folio #	Loan #
Sales Price	Family Size	Family Name	Gross Yearly Income	% Median Income

The Qualified Developer hereby certifies that the information reflected in this form is true and correct to the best of his/her knowledge and belief.

Applicant Signature: _____ Date: _____

BELOW FOR OFFICIAL USE ONLY

Public Housing and Community development (PHCD) through its Infill Housing Program hereby certifies that the purchaser(s) of the above mentioned housing unit was, at the time of closing, determined to be at or below 80% of the median income for the area.

Approved By: _____ Title: PHCD Director Date _____

	Amount	Distribution
Refund amount road impact fee:	_____	_____
Refund amount fire & emergency service fee:	_____	_____
Refund amount police services impact fee:	_____	_____
Refund amount parks impact fee:	_____	_____

The Permitting, Environmental and Regulatory Affairs through its Impact Fee Section hereby certifies that the above housing unit(s) complies with the affordable housing exemption of the aforesaid sections of the Miami-Dade County Code and is entitled to a refund of the Miami-Dade County road, fire police and parks impact fees.

Approved By: _____ Title: Permitting, Environmental & Regulatory Affairs Director

Date: _____

EXECUTED FORMS MUST BE FORWARDED TO:
 Department of Regulatory and Economic Resources Impact Fee Section
 11805 SW 26 Street (Coral Way)
 Miami, Florida
 (786) 315-2670