

Fee Waiver Application



**Hillsborough
County Florida**
Development Services

Important Instructions to All Applicants:

- Please submit this form and required documents to ZoningIntake-DSD@HCFL.gov.
- All documents must be submitted as separate PDFs. Each PDF document must be named according to its contents. All of the PDF documents must be submitted in a single e-mail.
- Payment instructions will be sent to you after receipt of the complete application.
- Please allow a minimum of 30 business days for review and response.
- We cannot accept phone, fax or email requests that are not submitted pursuant to these instructions.

Official Use Only

Application No: _____ Intake Date: _____ Receipt Number: _____ Intake Staff Signature: _____

Property Information

Address: _____ City/State/Zip: _____

TWN-RN-SEC: _____ Folio(s): _____ Zoning: _____

Future Land Use: _____ Property Size: _____

Property Owner Information

Name: _____ Daytime Phone _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number _____

Applicant Information

Name: _____ Daytime Phone _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number _____

Applicant's Representative (if different than above)

Name: _____ Daytime Phone _____

Address: _____ City/State/Zip: _____

Email: _____ Fax Number _____

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(s) – (All parties on the deed must sign)

Type or print name



Affidavit of Financial Hardship

(For non-profit organizations only)

**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**

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this
_____ day of _____, _____, by _____.
(year) (name of person acknowledging)

Personally Known OR Produced Identification

(Signature of Notary Public - State of Florida)

Type of Identification Produced

(Print, Type, or Stamp Commissioned Name of Notary Public)

(Commission Number)

(Expiration Date)

Identification of Sensitive/Protected Information and Acknowledgement of Public Records



**Hillsborough
County Florida**
Development Services

Pursuant to [Chapter 119 Florida Statutes](#), all information submitted to Development Services is considered public record and open to inspection by the public. Certain information may be considered sensitive or protected information which may be excluded from this provision. Sensitive/protected information may include, but is not limited to, documents such as medical records, income tax returns, death certificates, bank statements, and documents containing social security numbers.

While all efforts will be taken to ensure the security of protected information, certain specified information, such as addresses of exempt parcels, may need to be disclosed as part of the public hearing process for select applications. If your application requires a public hearing and contains sensitive/protected information, please contact [Hillsborough County Development Services](#) to determine what information will need to be disclosed as part of the public hearing process.

Additionally, parcels exempt under [Florida Statutes §119.071\(4\)](#) will need to contact [Hillsborough County Development Services](#) to obtain a release of exempt parcel information.

Are you seeking an exemption from public disclosure of selected information submitted with your application pursuant to Chapter 119 FS? Yes No

I hereby confirm that the material submitted with application _____

Includes sensitive and/or protected information.

Type of information included and location _____

Does not include sensitive and/or protected information.

Please note: Sensitive/protected information will not be accepted/requested unless it is required for the processing of the application.

If an exemption is being sought, the request will be reviewed to determine if the applicant can be processed with the data being held from public view. Also, by signing this form I acknowledge that any and all information in the submittal will become public information if not required by law to be protected.

Signature: _____
(Must be signed by applicant or authorized representative)

Intake Staff Signature: _____ Date: _____



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

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 size of property does not greatly exceed the minimum required by zoning and/or utilities to preclude future subdivision of the property.
 - 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.



Submittal Requirements for Fee Waiver

For Personal Request

	Included	N/A	Requirements
1	<input type="checkbox"/>	<input type="checkbox"/>	Application form (included in this package)
2	<input type="checkbox"/>	<input type="checkbox"/>	Written Statement describing the fees to be waived and the nature of the financial hardship, including number of members in household.
3	<input type="checkbox"/>	<input type="checkbox"/>	<u>Identification of Sensitive/Protected Information and Acknowledgement of Public Records</u>
4	<input type="checkbox"/>	<input type="checkbox"/>	Proof of Financial Hardship
4a	<input type="checkbox"/>	<input type="checkbox"/>	- Current wage earnings statement (applicant and spouse)
4b	<input type="checkbox"/>	<input type="checkbox"/>	- 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. Please redact Social Security numbers.
4c	<input type="checkbox"/>	<input type="checkbox"/>	- Current bank account statements (savings and checking) Please redact account numbers.
4d	<input type="checkbox"/>	<input type="checkbox"/>	- Debt statement , excluding credit card debts
4e	<input type="checkbox"/>	<input type="checkbox"/>	- Summary of monthly expenses

For Non-Profit Organization Request

	Included	N/A	Requirements
1	<input type="checkbox"/>	<input type="checkbox"/>	Application form (included in this package)
2	<input type="checkbox"/>	<input type="checkbox"/>	Written Statement describing the fees to be waived and the nature of the financial hardship
3	<input type="checkbox"/>	<input type="checkbox"/>	<u>Affidavit of Financial Hardship</u>
4	<input type="checkbox"/>	<input type="checkbox"/>	<u>Identification of Sensitive/Protected Information and Acknowledgement of Public Records</u>
5	<input type="checkbox"/>	<input type="checkbox"/>	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.
6	<input type="checkbox"/>	<input type="checkbox"/>	Proof of certification by the Internal Revenue Service as a 501(c)3 non-profit organization.
7	<input type="checkbox"/>	<input type="checkbox"/>	Statement certifying the organization does not discriminate on the basis of age, race, color, sex, religion, handicap, marital status or national origin.
8	<input type="checkbox"/>	<input type="checkbox"/>	Proof of licensing by the State of Florida and Hillsborough County, as appropriate.