



Lake County, Florida  
Department of Growth Management  
Development Processing  
352/343-9855 Fax: 352/343-9595

## School Impact Fee Exemption for Older Person Housing Submittal Checklist Section 22.14, Lake County Code

The County shall approve an exemption from school impact fees for housing for older persons if an Applicant satisfies all the requirements set forth in Section 22.14, Lake County Code.

### Submittal Requirements

The County shall consider a proposed School Impact Fee Exemption upon the submittal of the following materials:

- Completed application.
- Copy of all recorded Deed Restrictions for the subject property.
- Opinion of Title showing all persons with interest in the subject property.

### Review Procedure

After the submittal of a complete application, the County Attorney's Office will review the application for school impact fee exemption. Additional documentation may be required in order to verify that the subject property is operated as housing for older persons. The Applicant will be issued a letter from the County Attorney's Office approving or denying an exemption for the subject property.

### Deed Restrictions

The Applicant must record deed restrictions to ensure the premises are used exclusively for housing for older persons. Deed restrictions must run with the land and contain a provision stating that they cannot be revoked or amended for a period of at least thirty (30) years from recording and prohibit any person under the age of eighteen (18) years from occupying any dwelling unit on the property.

### Suggested Language

- Owner shall at all times comply with Florida and Federal Fair Housing Laws.
- This subdivision is intended to be operated and maintained to meet the social and physical needs of persons 55 years of age or older.
- No dwelling shall be occupied by any person under the age of 18. "Occupied" shall mean any person who stays overnight in a dwelling more than 21 days in any 60 day period or more than 30 days in any 12 month period.
- These restrictions shall not be subject to revocation or amendment for a period of thirty (30) years from the date of recording. The Homeowner's Association shall provide Lake County Attorney's Office with written notice thirty (30) days prior to making any amendment which would allow a person under the age of eighteen (18) to occupy any dwelling on the premises.
- Failure to enforce any of the above requirements will result in impact fees becoming immediately due in full for all lots in the subdivision. In the event that School Impact Fees become due and payable, County shall provide written notice to Owner. Upon failure of Owner to pay School Impact Fees within thirty (30) days of the date of notice, a notice of lien shall be served advising Owner that the County shall file a claim of lien. Once recorded, the claim of lien may be foreclosed as provided for in Chapter 170, Florida Statutes, Chapter 173, Florida Statutes, or any other applicable law. Upon recordation, the lien for unpaid impact fees shall be coequal with a lien for state, county, special district, and municipal taxes and is superior in dignity to any subsequently filed liens.



Lake County, Florida
Department of Growth Management
Development Processing

SCHOOL IMPACT FEE EXEMPTION APPLICATION

DATE \_\_\_\_\_

File # \_\_\_\_\_

Owner(s) of Property \_\_\_\_\_

Name \_\_\_\_\_ Signature of Owner(s) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Representative Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property information:

Please provide a complete legal description of the property for which you are requesting an exemption and attach a copy of the current Warranty Deed.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Is the property platted? If so, please provide Plat Book & Page.

Plat Book \_\_\_\_\_ Page \_\_\_\_\_
Plat Book \_\_\_\_\_ Page \_\_\_\_\_
Plat Book \_\_\_\_\_ Page \_\_\_\_\_

Please attach copies of all recorded Deed Restrictions and provide Official Records/ Plat Book & Page.

Recorded in Official Records/ Plat Book \_\_\_\_\_ Page \_\_\_\_\_
Recorded in Official Records/ Plat Book \_\_\_\_\_ Page \_\_\_\_\_
Recorded in Official Records/ Plat Book \_\_\_\_\_ Page \_\_\_\_\_

How many dwelling units will be located on the property? \_\_\_\_\_

Please give a brief description of the development.

\_\_\_\_\_
\_\_\_\_\_

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Are any structures currently in place? If so, please describe.

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**APPLICANT'S AFFIDAVIT**

STATE OF FLORIDA)  
:  
COUNTY OF LAKE)

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_,  
who being by me first duly sworn on oath, deposes and says:

That he/she affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, Florida, and that all statements, drawings, and diagrams submitted herewith are true and accurate to the best of his/her knowledge and belief, and further, that this application and attachments shall become part of the Official Records of Lake County, Florida, and are NOT RETURNABLE.

\_\_\_\_\_  
(Applicant's Signature)

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
( ) Personally known to me.  
( ) Produced \_\_\_\_\_  
(Type of Identification)  
( ) Did or ( ) Did not take an Oath.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_  
(Seal)  
Revised

**OWNER'S AFFIDAVIT**

STATE OF FLORIDA)  
:  
COUNTY OF LAKE)

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_,  
who being by me first duly sworn on oath, deposes and says:

1. That he/she is fee-simple owner of the property legally described on page 1 of this application, AND
2. That he/she desires a School Impact Fee Exemption Determination, AND
3. That he/she has appointed \_\_\_\_\_ to act as agent in his/her behalf to accomplish the above.

\_\_\_\_\_  
(Owner's Signature)

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

( ) Personally known to me.

( ) Produced \_\_\_\_\_ for Identification.

(Type of Identification)

( ) Did or ( ) Did not take and oath.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

(Seal)

**NOTE:** All applications shall be signed by the owner or owners of the property, or some person duly authorized by the owner or owners to sign. The authority authorizing a person, other than the owner, must be attached.