



**Impact Fee Office**  
 2300 N. Jog Road  
 West Palm Beach, FL 33411  
 (561) 233-5025

**Application for Existing Use Credit**  
 (Submit ONLY after the permit has been filed)

Date: \_\_\_\_\_

Name of Development [if applicable]: \_\_\_\_\_  
 Plan Review No: \_\_\_\_\_ Permit No: \_\_\_\_\_  
 Municipal Contact Name (if municipal permit): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Location Address: \_\_\_\_\_ PCN No. \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Applicant's Telephone No. \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Owner's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Previous Use: \_\_\_\_\_ New Use: \_\_\_\_\_  
 Previous Sq. Ft. (If non-residential): \_\_\_\_\_ Proposed Sq. Ft. (If non-residential): \_\_\_\_\_  
 If residential number of existing Units: \_\_\_\_\_ Previous Living Space Sq. ft.: \_\_\_\_\_

What year was the structure last in use? \_\_\_\_\_  
 Has the building or structure been demolished: Yes ( ) No ( )  
 If **NO**, proposed demolition date: \_\_\_\_\_  
 If **YES**, Demolition Permit No. \_\_\_\_\_

**All applications for existing use credit must be presented at the time plans are submitted for review to the building department. All applications must be accompanied by supporting documentation for existing use credit (i.e.: Signed sealed survey, sign & sealed architectural drawings, or property report card).**

**If the documentation is not provided, the application for existing use credit will be automatically canceled. Must be submitted prior to payment of impact fees.**

**I certify that all information give in this application are true to the best of my knowledge. Any false information given will result in immediate cancellation of application for existing use credit.**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

IFX No.: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_