



**WAKULLA COUNTY  
PLANNING & COMMUNITY DEVELOPMENT**

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**IMPACT FEE EXEMPTION APPLICATION/  
DETERMINATION LETTER**

I, \_\_\_\_\_, certify that I am the owner of record for the real property located at \_\_\_\_\_, more particularly described on Exhibit "A" (legal description) attached hereto, and hereby request an exemption from paying the Wakulla County mandatory impact fee for the reason(s) listed below.

\_\_\_\_\_ Replacing an existing mobile home with a new/used mobile home.  
Current MH Tag/R.P. Serial No.: \_\_\_\_\_

\_\_\_\_\_ Replacing an existing mobile home with a single-family dwelling.  
Current MH Tag/R.P. Serial No.: \_\_\_\_\_

\_\_\_\_\_ Replacing an existing single-family dwelling with a new/used mobile home.

\_\_\_\_\_ Replacing a single-family dwelling or mobile home destroyed by fire, flood, hurricane, tornado, etc. *Date of Disaster Report:* \_\_\_\_\_  
*Type of Disaster:* \_\_\_\_\_

\_\_\_\_\_ paid the original impact fee on this property.  
Name

If there are joint owners of the property, the signatures of all owners are set forth below.

I declare, under penalty of perjury, that I have read the above carefully and that the foregoing is true and correct.

\_\_\_\_\_  
(Owner/Agent) Date telephone

\_\_\_\_\_  
(Owner/Agent) Date telephone

**APPROVED BY:**

**INSPECTED BY:**

\_\_\_\_\_  
Director  
Wakulla County Planning & Community Development

\_\_\_\_\_  
Building Inspector  
Wakulla County Division of Building Inspections

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

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

**DEVELOPMENT PERMIT APPLICATION NUMBER:** \_\_\_\_\_

**Building Department Fee: \$50** Receipt #: \_\_\_\_\_ Check #: \_\_\_\_\_