

Request to Expedite Application Processing for Projects Providing Affordable Housing Units

buildingdivision@polk-county.net

Project Name:									
Project Location:		Project Parcel ID No.:							
Expedited Request	for Case/ Permit	Number:							
Total number of extremely		very-low and low		income housing u			units		
Total number of homeowner		and/or rental		units	nits				
Total number of single family		or multi-family		units					
Applicant/Agent:					P	hone:			
Address:		City:				State:			
Zip:	Email:								
Is the project currently receiving SHIP, HOME, CDBG or Tax Credit funding? Yes No									
If yes, what type, and what is the income-monitoring requirement?									
Under penalties of perjury, I declare that I have read the foregoing Request to Expedite Application Processing and that the facts stated in it are true.									
Signature		Date							
State of Florida, County of Polk The foregoing instrument was sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization on (date) physical presence or online notarization who is personally known to me or who has produced (type of identification) as identification.									
STAMP/SEAL STAFF USE ONLY APPROVED DENIED for the following reasons:						Signature of Notary Public			
CERTIFIED BY:		C	Date:						
Note: Approval of the Request to Expedite Application Processing does not guarantee project approval. Request to Expedite Application Processing for Projects Providing Affordable Housing Units (1/18/2024)									