

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**RECEIPT OF CONNECTION APPLICATION
 AND FEE (OR WAIVER OF FEE)**

IMPORTANT NOTE: Even though your application has been accepted, it may not be complete. We will contact you if more information is needed.

(1) APPLICATION NUMBER: _____

APPLICANT:

(2) Name/Address: _____

(3) Project Name: _____

		<u>VEHICLES PER DAY</u>	<u>FEE</u>	
(4) Fee	<input type="checkbox"/>	Category A 1-20	\$50.00	
	<input type="checkbox"/>	Category B 21-600	\$250.00	
	<input type="checkbox"/>	Category C 601-1,200	\$1,000.00	
	<input type="checkbox"/>	Category D 1,201-4,000	\$2,000.00	
	<input type="checkbox"/>	Category E 4,001-10,000	\$3,000.00	
	<input type="checkbox"/>	Category F 10,001-30,000	\$4,000.00	
	<input type="checkbox"/>	Category G 30,001 +	\$5,000.00	
	<input type="checkbox"/>	Temporary	\$250.00	
	<input type="checkbox"/>	Safety	NO FEE	
	<input type="checkbox"/>	Government Entity	NO FEE	

(5) Application Fee Collected \$ _____

Payment Type:

Money Order

Check (check number _____)

Cash

Credit Card (online only)

(6) Fee Collected By

Name _____ (PRINT)

Signature _____

Date _____ District _____ Unit _____

(7) Receipt Given Back to Applicant Via

Hand Delivery Mail Courier Service Other Electronically

Applicant (or Agent) Signature (if available) _____

This form bears your application number and serves as your receipt.

(8) If fee is waived, give justification below or on separate sheet.

FOR AGENCY USE ONLY – ATTACH COPY OF CHECK ON THE NEXT PAGE
Make Checks payable to: State of Florida Department of Transportation