

**COMMERCIAL EXEMPTION
ANNUAL APPLICATION
{File prior to June 1}**

Property Owner's Name: _____

Mailing Address: _____

Email Address: _____ Phone No. _____

Applicant's Name (if different than owner): _____

Mailing Address: _____

Email Address: _____ Phone No. _____

a. Legal Description, Strap Number, and address of property for which exemption is sought:

b. State the nature of the business conducted at said location:

c. Reason exemption is sought:

d. The proposed method and frequency of removal of Municipal Solid Waste for disposal at the Highlands County Solid Waste Management Center (HCSWMC) located at 12700 Arbuckle Creek Rd., Sebring, FL 33870. Include list and/or pictures of available equipment and facilities.

e. The proposed method and frequency of removal of Recyclable materials for disposal at the Recycling Transfer Facility (RTF) located at the HCSWMC. Include list and/or pictures of available equipment and facilities. ****REQUIRED for Residential property owners seeking commercial classification.**

I understand that a \$100.00 non-refundable fee must accompany this application. I agree to dispose of all Municipal Solid Waste generated on the above property at the HCSWMC at least once a week. If this is to seek Residential/Commercial status, I agree to dispose of all Recycling Materials generated on the above property at the RTF located at the HCSWMC at least once a week. I agree that I am not using any containers provided by Highlands County or Progressive Waste Solutions of FL, Inc., a Delaware corporation, d/b/a Waste Connections of Florida to dispose of such waste.

If I default on this agreement, I agree to obtain a commercial account with Progressive Waste Solutions of FL, Inc., a Delaware corporation, d/b/a Waste Connections of Florida for disposal of such waste and if I neglect to do so, my property will be assessed a non-ad valorem assessment for such services.

By signing this application, I agree that I have read, understand and agree to comply with Chapter 8.5 of the Code of Ordinances, Highlands County, Florida.

Property Owner's Signature Date

Applicant's Signature Date

Recommendation- Approved/Denied

Approved/Denied

Assessment Coordinator Date

County Administrator Date

RETURN TO:
BOARD OF COUNTY COMMISSIONERS
ATTN: Office of Assessment Coordinator
POST OFFICE BOX 1926
SEBRING, FL 33871-1926

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EXCEL

NAV SYSTEM

LETTER TYPED