



Highlands County, Florida
Development Services Department
Building Department

Escrow Account Application/Agreement

Contractor Name: _____

If business entity - Qualifying Agent Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax #: _____

1. I hereby request approval to utilize an escrow account for purposes of paying Highlands County Building Department fees as allowed by Highlands County Board of County Commissioners.
2. I have read Highlands County Policy for Escrow Accounts and agree to all terms and conditions stated therein.
3. I understand that upon acceptance of this application my contractor registration number will be used to track my account. Use of funds in this account will only be allowed for fees connected with permits, which have been issued to me or which are under my control, for plan review, or for renewal of my contractor's license.
4. I agree that no interest shall be earned on the account or paid to me by Highlands County Board of County Commissioners.
5. I agree that the County or I may cancel this account at any time with written notice and all unused funds will be returned to me within thirty (30) days of the County's receipt of that notice.

Building Department Representative

Applicant's Signature