

CERTIFICATION  
For Implementation of  
Regulatory Reform Activities  
Required by S.H.I.P.

On behalf of Flagler County, I hereby certify that the following information  
(NAME OF LOCAL GOVERNMENT)  
is true and accurate as of the date of submission:

- 1) Permits as defined in s.163.3164(7) and (8)\* for affordable housing projects are expedited to a greater degree than other projects; and
- 2) There is an ongoing process for review of local policies, ordinances, regulations, and plan provisions that increase the cost of housing prior to their adoption.
- 3) The cumulative cost per newly constructed housing per housing unit, from these actions for \*\*FY 2011-2012 is estimated to be \$ 0.
- 4) The cumulative cost per rehabilitated housing per housing unit, from these actions for \*\*FY 2011-2012 is estimated to be \$ 0.

Linda Perout Date 8/6/12 Barbara Revels Date 8-6-12  
 Witness Chief Elected Official  
Barbara S. Revels, Chair  
 (Type) Name and Title

Manann Palubi Date 8/6/12 Craig M. Coffey Date Aug 6 2012  
 Witness County/City Administrator  
 (whichever applies)  
Craig M. Coffey, County Administrator  
 (Type) Name and Title

Or

[Signature] Date 8-6-12  
 Attest (Seal)

Note: This form will be utilized beginning with \*\*FY 2003/2004

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\* 163.3164(7) of the Florida Statutes: "Development order" means any order granting, denying, or granting with conditions an application for a development permit. 163.3164(8) of the Florida Statutes: "Development permit" includes any building permit, zoning permit, subdivision approval, rezoning, certification, special exception, variance, or any other official action of local government having the effect of permitting the development of land.

# CERTIFICATION

On behalf of Flagler County Board of County Commissioners, I hereby certify that the  
(NAME OF LOCAL GOVERNMENT)  
information presented herein is true and accurate as of the date of submission.

[Signature] Date 8/6/12 Barbara Revels Date 8-6-12  
Witness Chief Elected Official or Designee

\_\_\_\_\_  
Witness Date \_\_\_\_\_ Barbara S. Revels, Chair. Date \_\_\_\_\_  
(Type) Name and Title

or  
[Signature], D.C. Date 8-6-12  
Attest (Seal)

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## GENERAL INFORMATION

Name of Person to call regarding the **Annual Report Form**: Valerie Bradley, SHIP Administrator

Telephone Number: (386) 313-4037

SHIP AR/07