



Jeb Bush
Governor

Department of Environmental Protection

Twin Towers Office Building
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

David B. Struhs
Secretary

August 16, 1999

Mr. Michael Horan
Ajax Paving Industries, Inc. of Florida
909-C Tamiami Trail
Port Charlotte, Florida 33952-0220

Dear Mr. Horan:

The Department has determined that the processing fee submitted with your July 29, 1999, application for a statewide relocatable asphalt plant is excessive, and you are due a refund of \$250. Please date and sign on the Applicant's Signature line the enclosed Application for Refund form and return it to me. If you have any questions, please call me at (850) 921-9505.

Sincerely,

Patty Adams
Bureau of Air Regulation

/pa

Enclosure

cc: Ross Pollock

APPLICATION FOR REFUND FORM
THE STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL PROTECTION

STATE OF FLORIDA, COUNTY OF _____

Pursuant to the provisions of Section 215.26, or Section _____*, Florida Statutes,
I hereby apply for a refund and request that a State Warrant be drawn in favor of:

NAME: AJAX PAVING INDUSTRIES, INC. OF FLORIDA
ADDRESS: 909-C TAMIAMI TRAIL PORT CHARLOTTE, FL 33952-0220
FEID OR SS NUMBER: 7770060
AMOUNT: \$250.00 DEPOSIT DATE: 10-AUG-1999 DEPOSIT: 200074
DOCUMENT NUMBER: SYS RECEIPT#: 294586
REV OBJECT CODE: 2222 AIR CONSTRUCT

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

REASON FOR CLAIM: OVER PAYMENT

CERTIFIED TRUE AND CORRECT this _____ day of _____, 19__.

Applicant's Signature

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection:

OR

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim. \$250.00 was originally deposited into the State Treasury, Receipt _____, dated _____.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137_____0000000020000

Statutory Authority for Collection _____

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE
3720252600137_____00000022000000

CERTIFIED TRUE AND CORRECT this _____ day of _____, 19__.

Signature and Title of Authorized Person

SECTION 215.26 STATES, IN PART: "APPLICATION FOR REFUNDS AS PROVIDED BY THIS SECTION SHALL BE FILED WITH THE COMPTROLLER, EXCEPT AS OTHERWISE PROVIDED HEREIN, WITHIN 3 YEARS AFTER THE RIGHT TO SUCH REFUND SHALL HAVE ACCRUED ELSE SUCH RIGHT SHALL BE BARRED." Three years is interpreted as meaning three years from the date of payment into State Treasury.