



Land Use & Environmental Services Division (850) 891-7100

Location: 435 N. Macomb Street
Mail: 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301-1731
Fax: (850) 891-7184 Florida Relay Service TDD: 711

APPLICATION FOR CONCURRENCY DETERMINATION

(FUTURE APPLICATIONS FOR DEVELOPMENT OF THIS SITE WILL CAUSE THIS APPLICATION TO BECOME VOID.)

1. Property Owner's Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____

2. Applicant's (Optionee) Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____

3. Agent's Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____

4. Other Contact Person (if applicable): _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____

Note: Property Owner, Applicant (optionee), Agent, and Other Contact Person will be copied on all correspondence from the Growth Management Department.

5. Parcel Identification Number: _____
6. LUCC# _____
7. Project Name: _____
8. Location: _____
9. Project Narrative – Please provide a brief narrative, including phasing of this project, if applicable. Also, provide any additional information or comments that you want to be considered in the review of this project.

10. (A) Total Area of Parcel(s) (acres): _____ (B) Total Development Area of Site (acres): _____
11. Square Footage of Impervious Surface: *(Not applicable if site is less than two (2) acres)*
 (a) Total existing impervious as of 10/1/90 **or** per last approved off-site SW analysis (sq ft): _____
 (b) Total future (Post Project Development) impervious (sq ft): _____
 (c) Resulting net change in impervious sq. ft. (b-a=): _____

12. Site Development - Below, list the types and amounts of existing and proposed development on the project site. Indicate whether these facilities will remain, be removed, be converted, or are new. For all residential development, specify the residential type and provide the number of dwelling units proposed. If attached or multi-family residential, also provide the total number of bedrooms proposed. If non-residential, provide the specific type of office, industrial, warehouse, institutional, retail, commercial and/or service uses, and the gross floor area (GFA) of each type [for shopping centers also provide the gross leasable area (GLA)].

<u>LAND USE</u>	<u>DU AND BEDROOMS (RES) OR SQ FT (NON-RES)</u>	<u>REMAIN/REMOVE/CONVERT/NEW</u>

13. Stormwater Category: _____ [**1**=no analysis; **2**=on-site only; **3**=on & off-site; or **R**=redevelopment]
 (Based on the criteria in Section 5.2.3.(1) of the Concurrency Management System Policy and Procedures Manual (CMSPPM), indicate the project's Stormwater category.)

Do you agree to comply with the on-site level of service standards in the CMSPPM?
 Yes No N/A (Category 1 only)

14. Transportation: Small Large
 (Based on the criteria in Section 5.2.2. of the CMSPPM, is the project "small" or "large" with regard to traffic?)

Below, please list the roadway access points for the project. Also, describe any existing or proposed access restrictions (i.e., enter or exit only, right in / right out only). Use a separate line for each access point.

<u>ROADWAY NAME/DESCRIPTION</u>	<u>ACCESS POINT RESTRICTION/LIMITATION</u>

15. Attachments Checklist: **(REQUIRED)**
- Completed Owners Affidavit
 - Copy of Land Use Compliance Certificate
 - General Location Map
 - 2 Copies of Site Plan (to scale) that shows the following: *(not required if conversion only)*
 - a. adjacent streets, with project access points;
 - b. existing and proposed structures; and
 - c. internal streets and vehicle use areas (including existing/proposed parking).
 - If Stormwater Cat. is a 3, a Stormwater Analysis form and diskette are required.
 - If Transportation is Large, a completed Transportation Analysis form is required.
 - Color documents should also be submitted in electronic form in one of the following formats: .tif; .pdf; .jpeg; or .bmp.

16. Concurrency Review Fee: Please indicate the amount of the concurrency application review fee and enclose a check made payable to the City of Tallahassee for the amount of this application.

Residential \$ _____ + Commercial \$ _____ + Stormwater \$ _____ = \$ _____ Total

17. I acknowledge that with approval of this application, any vested rights previously approved will no longer be available for use.

18. Signature of Owner/Applicant/Agent: _____

Print Signed Name: _____