



## Concurrency Review Application

### 1. APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE:** If applicant is other than the owner a letter signed by the owner must accompany this Affidavit of Deferral stating that the applicant has full approval to act on behalf of the owner in pursuit of this concurrency deferral and for all subsequent concurrency related decisions as they apply to the property described by this application

### 2. OWNER INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE:** Provide proof of ownership. Attach a current Property Appraiser's record of the property legally described in this application.

### 3. PROJECT NAME:

\_\_\_\_\_

### 4. PROPERTY ADDRESS/LOCATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 5. TAX PARCEL ID NUMBER(S) OF ALL PROPERTY INCLUDED IN THIS PROPOSAL/REQUEST:

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Attach a legal description.

### 6. TYPE OF DEVELOPMENT ORDER REQUEST:

Attach one set of plans identical to plans submitted for development order approval. If revisions are made during approval process submit one set of revised plans to the concurrency manager.

**Preliminary Development Order**

(Concurrency review is optional. No capacities will be held in reservation or otherwise encumbered for this development unless appropriate impact fees are paid. The results of this test are non-binding. Applicant may instead provide Deferral Affidavit.)

- ☐ Annexation
- ☐ Rezoning
- ☐ Special Use
- ☐ Future Land Use
- ☐ Preliminary Plat
- ☐ Subdivision Construction Plans
- ☐ Variance
- ☐ Vacate

**Final Development Order**

(Concurrency review is required. Final Approval of the Development Order shall constitute approval of this concurrency review. Capacities shall be encumbered for the development project for the approval period of the Development Order. Capacities shall be reserved only upon payment of appropriate impact fees.)

- ☐ Final Plat
- ☐ Lot Split
- ☐ Site Plan
- ☐ Minor Site Plan

If development order request is not listed above what type are you applying for?

\_\_\_\_\_

**7. CAPACITY DETERMINATIONS**

Complete the following information to determine the capacities required to service the development. If applicable identify past/current uses that are to be redeveloped in order to receive credit for their capacities. If revisions are made during approval process, submit revised calculations based on revised plans.

**A. Water and Sewer Capacity**

Will the development use: City Water \_\_\_\_\_ or Well \_\_\_\_\_ or Other \_\_\_\_\_  
City Sewer \_\_\_\_\_ or Septic \_\_\_\_\_ or Other \_\_\_\_\_

If water and/or sewer is to be obtained from another provider a letter signed by the provider must be submitted stating that the provider has adequate capacity to meet the development's demand and that this capacity has been reserved for said development.

If using City water and/or sewer, provide the estimated gallons per day for each. Use the attached ERU data when completing this section. If you require any assistance in completing this application, please contact the City of Tavares Planning, Zoning & Development Department at 742-6065.

<b>USE</b> (Specify type of residential, commercial, office, etc.)	<b>SIZE</b> (# of units of square footage)	<b>Water Capacity Required</b> (Gallons per Day)	<b>Water Equivalent Residential Unit (ERU)</b> 325 GPD = 1	<b>Sewer Capacity Required</b> (Gallon per Day)	<b>Sewer Equivalent Residential Unit (ERU)</b> 250 GPD = 1 ERU
<b>Proposed Development</b>					
<b>Existing Development to Remain</b>					
<b>Existing Development to Redevelop</b>					
<b>TOTAL CAPACITY REQUIRED</b> Add proposed and existing development to remain, subtract existing development to redevelop.)					

## B. Transportation Capacity

Using the ITE Trip Generation Manual, provide the estimated trip generation for both the existing land use and proposed land use at maximum build out. In addition a traffic generation study may be required.

**Trips Generated** (PM Peak Hour Trips)

**Proposed Development**

**Existing Development to Remain**

**Existing Development to Redevelop**

**Total Trip Generation**

(Add proposed and existing development to remain,  
subtract existing development to redevelop.)

Identify the primary road(s) which will be utilized by the development.

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### C. Solid Waste

Provide the estimated solid waste generation for the proposed development.

	Solid Waste Generation	(Pounds per Day)
Proposed Development		
Existing Development to Remain		
Existing Development to Redevelop		
Total Solid Waste Generation		

(Add proposed and existing development to remain, subtract existing development to redevelop.)

### 14. CERTIFICATION AND SIGNATURE

I hereby certify that the information contained herein is true and correct and I hereby represent that I have the lawful right and authority to file this application.

I understand that submission of this form initiates a process and does not imply approval by the City of Tavares. I further understand that issuance of a Certificate of Concurrency will require successful completion of Development Review and payment of Facility reservation fees, and that likewise no final development order will be issued except upon successful completion of this concurrency review.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

### 9. NOTARIZATION

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_  
as \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Commissioned Name of Notary Public

Personally Known \_\_\_\_\_ or Produced Identification \_\_\_\_\_