

CONCURRENCY RESERVATION CERTIFICATE APPLICATION FORM

CITY OF JACKSONVILLE, FLORIDA

OFFICIAL USE ONLY

APPLICATION #

DEVELOPMENT #

APPLICATION DATE

I. TYPE OF DEVELOPMENT:

Residential:

Non-Residential:

Development Name:

Project Name:

Address:

A. TYPE OF IMPROVEMENTS (Check all that apply)

New Building

Addition

Alteration and Repairs

Foundation Only

Mobile Home (New)

Converting of Use

Trailer Park

Accessory Building

Horz. Development

Other:

B. IS THIS PROJECT LOCATED WITHIN THE BOUNDARIES OF AN APPROVED DEVELOPMENT AGREEMENT AREA?

Yes:

No:

If yes, include Development Number (CCAS or CRC App)

C. IS THIS PROJECT LCOATED WITHIN THE BOUNDARIES OF AN APPROVED FAIR SHARE AREA?

Yes:

No:

If yes, include Fair Share Contact Number (CCAS or CRC App)

D. IS THIS PROJECT LOCATED WITHIN THE TRANSPORTATION MANAGEMENT AREA?

Yes:

No:

If yes, Sector

Subsector

E. IS THERE AN ASSOCIATED MOBILITY FEE CALCULATION CERTIFICATE?

If yes, include the application No.

II. PROJECT OR DEVELOPMENT LOCATION:

SECTION

TOWNSHIP

RANGE

A. COUNCIL DISTRICT

PLANNING DISTRICT

PANEL NUMBER

CENSUS TRACT

B. PROPERTY LOCATED BETWEEN STREETS:

C. REAL ESTATE NUMBER(S):

III. AGENT AND OWNER INFORMATION:	
OWNER'S INFORMATION	
Name:	Address (including city, state, zip):
Email:	Telephone:

AGENT'S INFORMATION		
Name:	Address (including city, state, zip):	
Email:	Telephone:	
MAIL THE CRC CERTIFICATE TO:	AGENT	OWNER

IV. COMMENTS:

V. PROJECT OR DEVELOPMENT SPECIFICATIONS:				
A. TRANSPORTATION LAND USE CODE: _____				
PREVIOUS LAND USE CODE: _____				
CURRENT ZONING: _____ If PUD Ord. #: _____				
B. TOTAL LAND AREA (ACRES):		C. ENCLOSED AREA OF <u>PROPOSED</u> DEVELOPMENT:		
D. TOTAL NUMBER OF DWELLING UNITS:				
SINGLE-FAMILY:		DUPLEX:		TRIPLEX/QUAD:
APARTMENT:		MOBILE HOMES:		CONDOS:
Number of Rooms:		Number of Berths:		
Number of Pads:		Number of Beds:		
Number of Parking Spaces:		Number of Seats:		
Other (Please Specify):				
E. CONCURRENCY REVIEW ONLY: WATER SOURCE AND SEWAGE DISPOSAL				
WATER SOURCE:	LOS AREA [_____]	A. JEA	B. PRIVATE UTILITY	C. PRIVATE WELL
SEWAGE DISPOSAL:	LOS AREA [_____]	A. JEA	B. PRIVATE UTILITY	C. SEPTIC TANK

ITEMS REQUIRED FOR CRC REVIEW

1. Complete Application
2. Site Plan {8 1/2 x 11, 8 1/2 x 14, or 11 x 17} preferred
3. Site Location Map
4. Owner Authorization Affidavit
5. Legal Description
6. Drainage Plan or Evidence of Plan Review Submittal
7. Availability Letter from JEA or Private Utility Submittal
8. Fee (CHECKS SHOULD BE MADE OUT TO **TAX COLLECTOR**)

GENERAL AUTHORIZATION

I hereby certify that I have read and understand the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including attachments, is true and correct to the best of my knowledge.

Owner(s)

Print Name: _____

Signature: _____

Applicant or Agent (if different than owner)

Print Name: _____

Signature: _____

Owner(s)

Print Name: _____

Signature: _____