CONDITIONAL CAPACITY AVAILABILITY STATEMENT 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	_____ _____	**B. PROPERTY LOCATED BETWEEN STREETS:**
PLANNING DISTRICT	_____ _____	
PANEL NUMBER	_____ _____	
CENSUS TRACT	_____ _____	

C. REAL ESTATE NUMBER(S):

CONCURRENCY AND MOBILITY MANAGEMENT SYSTEM OFFICE
214 N. Hogan Street, 2nd Floor Jacksonville, FL 32202 Phone: 904.255.8330 Fax: 904.255.8331 cmmso@coj.net

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 CCAS 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 PROPOSED 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 ☐

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ITEMS ~~REQUIRED~~ FOR CCAS 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. 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)	**Applicant or Agent (if different than owner)**
Print Name:_____	Print Name:_____
Signature: _____	Signature: _____
Owner(s)	
Print Name:_____	
Signature: _____	

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