



School Planning and Concurrency Application

Seminole County Public Schools

400 East Lake Mary Boulevard

Sanford, Florida 32773-7127

Instructions: Please submit one copy of completed application, location map, and applicable fee for each new residential project requiring a determination of school capacity.

Applicant(s) shall provide the following information to the Seminole County School District to calculate student generation, evaluate school capacity, and address any potential mitigation. The applicant is responsible for obtaining any additional information required to complete the review process. For further information regarding this application process, please contact the local government issuing the approval or the Seminole County Schools Facilities Planning Department at: 407-320-0583.

Please check type of application request (one only):

School Capacity Determination (LU & Zoning)

Deminimus Impact Letter

Letter of No Impact

Concurrency Review (Site Plan & Subdivisions)

Time Extension

Project Amendment/Re-evaluation

Fees: See Fee Schedule. Make check payable to Seminole County School Board
In the event that a Mitigation Agreement is negotiated an additional fee may be required.

I. Project Information:

Project Name: _____ Jurisdiction: _____

Parcel ID#: (attach separate sheet for multiple parcels): _____

Location/Address of subject property: _____ (Attach location map)

Closest Major Intersection: _____

II. Ownership/Agent Information:

Owner/Contract Purchaser Name(s): _____

Agent/Contact Person: _____

(Please note that if agent or contact information is different from owner/buyer the District will forward all information to that person)

Mailing address: _____

Telephone#: _____ Fax: _____ Email: _____

I hereby certify the statements and/or information contained in this application with any attachments submitted herewith are true and correct to the best of my knowledge.

Owner or Agent Signature _____

Date _____

If applicant is not the owner of record, a letter of authorization from the property owner(s) must be included with this form at time of application submittal. If owner is a company/corporation, please submit documentation that signatory is registered agent of the company.

III. Development Information

Project Data				
Current Land Use Designation		Proposed Land Use Designation		
Current Zoning		Proposed Zoning		
Project Acreage				
Total Units Requested:				
Unit Breakdown:	SF Detached:	MF (Apts):	SF Attached:	MH:
Is this a phased project: Y or N If yes please complete page 3 of this application.				



School Planning and Concurrency Service Provider Form
Seminole County Public Schools
400 East Lake Mary Boulevard
Sanford, Florida 32773-7127

This section to be completed by Local Government and submitted to school district

This portion of the application must be filled out and signed by the local government staff. Local government is responsible for verifying the number of units permitted and the requested change in number of units.

Change in Land Use	Current	Proposed
Change in Zoning	Current	Proposed
Number of Units by Type	SF: total _____ currently permitted _____ Additional _____ MF: total _____ currently permitted _____ Additional _____ Condo: total _____ currently permitted _____ Additional _____ TH: total _____ currently permitted _____ Additional _____ MH: total _____ currently permitted _____ Additional _____	
If the request is for a site plan/subdivision approval – verify # and type of units being requested.		
Unit total:		
Unit Type:		

Local Government Reviewer's Signature and title _____ **Date** _____

Affected Local Government(s)	

Comments:

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Worksheet is required to be completed by the Applicant if the project is to be phased:

Unit Type	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9	Yr10	Yr 11-20	20+ Years
SF												
MF												
TH												
MH												
Other												
Totals by Yr												
Grand Total												Grand Total

Insert totals by unit type by years.

SF = Single family

MF = Apartments

TH = Town homes and condos

MH = Mobile homes

If you designate other – please indicate unit type i.e. lofts, duplex, etc.

EXAMPLE:

Unit Type	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9	Yr10	Yr 11-20	20+ Years
SF	25	25	25	25	--	--	--	--	--	--	--	--
MF	50	0	0	0	--	--	--	--	--	--	--	--
TH	10	0	0	10	--	--	--	--	--	--	--	--
MH	N/A											
Other	N/A											
Totals by Yr	85	25	25	35	--	--	--	--	--	--	--	--
Grand Total												Grand Total

Disclaimers:

By my signature hereto, I do hereby certify that the information contained in this application is true and correct to the best of my knowledge, and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and / or revocation of any approval based upon this application.

I further acknowledge that the School Board of Seminole County may not defend any challenge to my proposed application, and that it may be my sole obligation to defend any and all actions and approvals related to approval of this application. Submission of this application initiates a process and does not imply approval by the School Board of Seminole County or any its staff.

I further acknowledge that I have read the information contained in this application and have had sufficient opportunity to inquire with regard to matters set forth therein and, accordingly, fully understand all applicable procedures and matters relating to this application. I hereby represent that I have the lawful right and authority to file this application.

Owner or Agent Signature

Date