



School Board of Brevard County School Facility Planning and Concurrency Application (School Impact Analysis)

Instructions: Submit one copy of completed application, location map, and applicable fee for each project with a residential component requiring a review by the School Board of Brevard County **to the Local Government.**

The following information is to be provided to the School Board of Brevard County in order for student generation to be calculated, school capacity evaluated, and potential mitigation addressed. In order for the application to the local government having jurisdiction to be complete, this information is required.

For information regarding this application process, please contact the Planning Department of the School Board of Brevard County at 321.633.1000 x464.

Please check [✓] type of application request (check only one):

- School Capacity Determination (DRI / FLU / Zoning)
 Equivalency
 Exemption / No Impact
 Concurrency Determination (Final Development Order)
 Time Extension

FEES: See Brevard County Public School Concurrency Review Fee Schedule. Make check payable to School Board of Brevard County

I. Project Information

Project Name: _____ County / Municipality: _____

Parcel ID / Tax Account No. (attach separate sheet for multiple parcels): _____

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

II. Ownership / Agent Information

Owner/Contract Purchaser Name(s): _____

Agent / Contact Person: _____

(Please note that if agent or contact information is completed, the District will forward all information to that person.)

Mailing Address: _____

Telephone: _____ Fax: _____

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, the "Agent for Owner" form (see page 4 of this application form) must be completed and included with this application at time of application submittal. If owner is a company/corporation, please submit documentation that signatory is an authorized officer of the company/corporation.

State of Florida, County of Brevard

Sworn and subscribed to before me

This _____ day of _____

(Form of Identification)

Notary Public

Commission Expires: _____

SCHOOL BOARD USE ONLY

Date / Time Stamp: _____



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III. Development Information

Current Land Use Designation		Proposed Land Use Designation		
Current Zoning		Proposed Zoning		
Project Acreage				
Total Dwelling Units Proposed				
Dwelling Unit Breakdown (Qty)	Single Family:	Multi-Family/Apts:	Condo:	Mobile Home / Manufactured:
Phased Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, PLEASE COMPLETE THE PHASING TABLE BELOW			

**Total Dwelling Units by Type / Year
(Table is required to be completed by the Applicant if the Project is to be phased)**

Unit Type	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5	Yr 6	Yr 7	Yr 8	Yr 9	Yr10	Yrs 11-20	Yrs 20+	Totals by Type
Single Family													
Multi-Family / Apts.													
Condominium													
Mobile Home / Manufactured													
Totals by Year													

NOTE: This application will not be deemed complete until all required information has been submitted to the School Board of Brevard County. Submittal requirements include completed application, including phasing information (if applicable), review fee(s), agent authorization (if applicable) and location map. Please be advised that additional documentation/information may be requested during the review process.

<p>SCHOOL BOARD USE ONLY</p> <p>Date / Time Stamp: _____</p>
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Service Provider Form

This section to be completed by the Local Government and submitted to the School Board of Brevard County. Local Government is responsible for verifying the number of units permitted and the requested change in number of units.

Change in Land Use / Zoning:

Number of Units by Type	Current	Proposed	Total
Single Family			
Multi-Family / Apts			
Condominium			
Moblie Home / Manufactured			

If the application is for Concurrency Determination (Final Development Order):

Number of Units by Type	Total
Single Family	
Multi-Family / Apts	
Condominium	
Moblie Home / Manufactured	

_____ **Local Government Reviewer's Signature / Title**

_____ **Date**

Affected Local Governments		

Comments:

SCHOOL BOARD USE ONLY
Date / Time Stamp: _____



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AUTHORIZATION TO ACT AS AGENT

I, _____ authorize _____
(Owner) (Agent)
to act as applicant, representing me in Public Hearings before _____
(Local Government)
pertaining to Land Use / Zoning, and other matters pertaining to School Concurrency.

Owner Signature

State of Florida, County of Brevard
Sworn and subscribed to before me

This _____ day of _____
(Form of Identification)

Notary Public
My Commission Expires: _____

SCHOOL BOARD USE ONLY
Date / Time Stamp: _____