Hillsborough County Florida
Development Services

Concurrency & Utility Service Application
Determination of Facilities Capacity

Instructions & Supplemental Information for Filling Out Application for Concurrency Analysis, Potable Water, Reclaimed Water and/or Wastewater Service

Application must be typed or hand lettered in ink and submitted with a review fee of $450 for utility service. The application will not be accepted unless it is completed and this fee accompanies it. If application is for utility service for an existing development (no new construction), only the applicable potable water, reclaimed water, and/or wastewater service information needs to be filled out and accompanied with the $450.00 fee and a site plan.

Lines 1 thru 8: Fill in full name, address, phone number and e-mail address of the applicant and owner(s) of record. This information is **Required.** Evidence of ownership must be submitted upon request.

Line 9 thru 12: Fill in all applicable information pertaining to project name, location, parcel/ folio number(s), and existing zoning classification. If not known, existing zoning classification may be obtained by visiting the Development Services Division on the 19th floor of the County Center, or any of the Satellite Offices. You may obtain the location of the satellite offices by calling (813) 272-5920.

Line 13: Provide actual number of residential units (single or multi-family) and/or the total number of square feet of commercial or industrial development (building size) for which the application applies.

NOTE: If application is for potable water, reclaimed water, and/or wastewater service only, for an existing project, include a site plan, drawn to 1"= 200' scale (8 1/2" x 11" paper).

Line 14: Provide description of project.

Line 15: Provide information of all existing development on the project site.

Line 16: Provide tentative construction schedule.

Line 17: Provide required stormwater information on project site plan. Fill in blanks where required on application.

Lines 18 and 19: Provide stormwater design criteria and management area.

Line 20: Choose project type(s).

Line 21: Potable Water, Reclaimed Water, and/or Wastewater Requirements.

Average Daily Flow (ADF) Calculations - Flow Estimating Factors

	Single Family Residential	Master Metered Residential	Commercial
Potable Water	300 GPD	150 GPD	See Table 1 - Flow by Type (in 2025 Rate Resolution)
Wastewater	200 GPD	140 GPD	See Table 1 - Flow by Type (in 2025 Rate Resolution)
Reclaimed Water	Avg Lot Size* x 0.058	Irrigable Area* x 0.089	Irrigable area* x 0.089 or actual demand

*Lot Size / Area in Square Feet

Calculation: Total ADF = Flow Estimating Factor x Number of Units

Peak Demand Calculations

	Single Family Residential	Master Metered Residential	Commercial
Potable Water	Water and Wastewater Technical Manual	*Fixture Value Total* and either Chart 1 or 2	*Fixture Value Total* and either Chart 1 or 2
Wastewater	Water and Wastewater Technical Manual	Water and Wastewater Technical Manual	Water and Wastewater Technical Manual
Reclaimed Water	ADF x 4.7	ADF x 4.7	See Reclaimed Water Planning Team

Explain Basis of flow calculation: For example, 4,000-sq ft. Retail Store x 10 GPD per 100 sq. ft. = 400 GPD; 140-room Motel x 100 GPD per room = 14,000 GPD; 300-seat Church x 3 GPD per seat = 900 GPD. Use the space provided or attach additional sheet if necessary.

For commercial class customers, metered water-use data from similar establishments may be considered in lieu of the estimating flow factors found in Table 1. Table 1, page 5, footnote (1) outlines the submission requirements and process. Please note that water-use data must be submitted prior to construction plan approval in order to be considered.

Line 22: Special potable water uses include any consumption of water that does not generate a wastewater flow (for example, irrigation, process, or cooling). Indicate if separate meter is required.

Lines 23 and 24: Provide stormwater design criteria and management area.

Line 25 and 26: Check project type(s).

Lines 26 and 27: Transportation impact information. (Please consult with Transportation Planning Section staff if assistance or information is needed).

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Please print and fill in completely and accurately. Failure to do so may result in the RETURN & REJECTION of the application. Use additional paper (signed & attached) whenever necessary.

Enter N/A if item is not applicable to your project.

APPLICANT INFORMATION

Owner, Agent and Developer: Include the name, address and phone number of the owner, agent, and developer:

1. _____
Designated Applicant/Representative

2. _____
Mailing Address

3. _____
City State Zip Code

4. _____
Telephone

E-Mail: _____

5. _____
Owner's Name

6. _____
Owner's Address

7. _____
City State Zip Code

8. _____
Telephone

E-Mail: _____

PROJECT INFORMATION / GENERAL

9. Project Name: Include the current name of the proposed project (subdivision if applicable) and any previous names the project has been Also Known As (A.K.A.):

_____

AKA: _____

10. _____
Parcel(s) Folio Number(s)

11. _____
Section, Township, and Range

12. _____
Existing Zoning Classification(s)

13. Number of Residential Units:

Duplex units: _____ Single units: _____

Multi-family units: _____

Square Footage:

Industrial: _____ Commercial: _____

14. Project Description; please provide a brief narrative. Also provide any additional information or comments that you want to be considered in the review of this project:

15. In the following table show the types and amounts of existing development on the project site. Provide the month and year the facility was last occupied. Indicate whether the facility is to remain, to be removed or to be converted:

Land Use	DU (Res) or Sq. Ft (Non-Res)	Last Occupied	Remain/Remove/or Convert

16. Tentative Construction Schedule Begin: _____ Completed: _____

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PROJECT INFORMATION / STORMWATER

17. Project Site Plan to scale which includes the following:

a. Location and names of all adjacent streets, indicate whether drainage swales, curb and gutter or Miami curbs are present.

b. Location of all existing and proposed construction within site and drainage systems 1000 ft. downstream of outfall structure.

c. Location of all stormwater drainage basin lines.

d. Delineate all existing and proposed drainage; indicate all drainage arrows on site and 20' outside all property lines.

e. FEMA Base Flood elevation (as required for 100 yr Flood zones):

f. FEMA Panel No: 120112 - _____
FEMA Flood Zone: _____

g. Pre-developed Impervious area:
_____ sq. ft. Based on aerials located in the Engineering Division Print Room, 21st Floor.

h. Proposed new impervious area:
_____sq. ft. after complete construction.
(Completion of ALL phases, if phased)

18. Stormwater Outfall Criteria (as defined in Hillsborough County Stormwater Management Technical Manual): Please Check Box below:

☐ Peak Sensitive ☐ Volume sensitive ☐ Unlimited Outfall ☐ Adequate Outfall

☐ No Stormwater Impact

19. Stormwater Management Area, Please Check Box below:

☐ East Lake ☐ Lower Sweetwater Crk ☐ Pemberton Baker Crk ☐ Rocky Brushy Crk

☐ Little Manatee Rvr ☐ Delaney Archie Crk ☐ Double Branch Crk ☐ Curiosity Crk

☐ Brooker Crk ☐ Alafia Rvr ☐ Hillsborough Rvr ☐ Tampa Bypass Canal

☐ Bullfrog Wolf Crk ☐ Cypress Crk ☐ Silver Twin Lakes ☐ Duck Pond

☐ City of Tampa

20. Project Type (check all those applicable)

Residential
- ☐ Single Family
- ☐ Duplex
- ☐ Townhouse
- ☐ Condo
- ☐ Apartment
- ☐ Mobile Home

Commercial
- ☐ Retail Sales
- ☐ General Offices
- ☐ Retail Services
- ☐ Professional Services
- ☐ Restaurant/Bar
- ☐ Drive Through
- ☐ Auto Repair/Service
- ☐ Convenience Store (w/ or w/o gas pumps)
- ☐ Hotel/Motel

Industrial
- ☐ Warehouse/Storage
- ☐ Manufacturing

Other
- ☐ Place of Worship
- ☐ Recreation Club
- ☐ School
- ☐ Day Care
- ☐ Mixed Use

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PROJECT INFORMATION / UTILITIES

(See attached charts and background information)

21. Public Facilities Needed:

☐ Potable Water	☐ Waste Water	☐ Reclaimed Water
Average Daily Demand:	Average Daily Flow:	Average Daily Demand:
_____ G.P.D.	_____ G.P.D.	_____ G.P.D.
Peak Demand:	Peak Flow Rate:	Peak Demand:
_____ G.P.M.	_____ G.P.M.	_____ G.P.M.

Explain Basis of flow calculation:

22. Briefly explain Special Potable Water Use Requirements:

23. Is this a Phased Project: ☐ NO ☐ YES If yes, provide following detailed description:

Phase Size (# units/ SF)	Service Required	Anticipated service requirement dates

24. Indicate Public Facilities Commitment; (write in Hillsborough County, City of Tampa, City of Temple Terrace, or another franchise name necessary, and attach a letter of commitment).

Potable Water	Sanitary Sewer	Reclaimed Water

25. Water Meters; list the number of existing and proposed water meters by size in the following table:

a. Number of Existing Meters

	Size	To Remain/Remove

b. Number of Proposed Meters

	Size

26. Irrigation Source: ☐ Well ☐ Potable (include completed application) ☐ Reclaim (include completed application)

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PROJECT INFORMATION / TRANSPORTATION

27. Are any proposed roadway improvements to be provided by the developer?

28. If this project is an improvement on an existing site, what are the estimated number of trips generated prior to this improvement?

29. Impacted Segments:

Segment Number	Roadway Name	From/To (Segment)	Direction	PM Peak Hour Project Trips
Total P.M. Peak Hour Project Trips Generated:				0

30. Proposed Access/Entrance Connections:

Segment Number	Roadway Name	Left in/ Right in	Left out / Right out

Signature _____ Date_____

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CHART 1

Small motels, apartment, condominiums, townhouses, small trailer parks less than 300 units or single doctor's office

FIXTURE VALUE TOTAL	METER SIZE	MAX G.P.M.
0 - 45	3/4 - in.	0 - 20
46 - 565	1 - in.	21 - 50
566 - 3000	1 1/2 - in.	51 - 75
3001 - 7150	1 1/2 - in.	76 - 100
7151 - 11000	2 - in.	101 - 125
11001 - 14000	2 - in.	126 - 150
14001 - 16000	2 - in.	151 - 160
16001 - 23750	3 - in.	161 - 200
23751 - 26000	3 - in.	201 - 300
26001 - 28500	3 - in.	301 - 320
28501 - 60000	4 - in. (or 3 - in. turbine)	321 - 450
60001 - 67500	4 - in.	451 - 500

CHART 2

Other offices. hotels/motor inns, shopping centers, restaurants, public schools, public buildings, hospital industrial, parks/attractions, large government installations, laundries, beauty shops, apartments, condominiums, townhouses or trailer parks of 300 units or more

FIXTURE VALUE TOTAL	METER SIZE	MAX G.P.M.
0 - 25	5/8-in. x 3/4-in.	0 - 20
26 - 105	1 - in.	21 - 50
106 - 355	1 1/2 - in.	51 - 75
356 - 635	1 1/2 - in.	76 - 100
636 - 1070	2 - in.	101 - 125
1071 - 2350	2 - in.	126 - 150
2351 - 3600	2 - in.	151 - 160
3601 - 10000	3 - in.	161 - 200
10001 - 26000	3 - in.	201 - 300
26001 - 29000	3 - in.	301 - 320
29001 - 48500	4 - in. (or 3 - in. turbine)	321 - 450
48501 - 55500	4 - in.	451 - 500

Suggested Uses for Each Type of Meter Classification

Meter Type	Suggested Use
Positive displacement meters 5/8 in. – 2 in.	Customer with normal demands. Residential, small to medium apartments, small businesses (barber shops, small hotels, motels).
Turbine meters 2 in. – 10 in.	Customers requiring high demands or continuous flows (large hotels, motels, and some manufacturing).
Compound meters 2 in. – 8 in.	Customers having high and low demands (medium hotels, motels, schools, public buildings, laundries, and large apartments).
Detector check 4 in. – 10 in.	Detects leakage or unauthorized use of water from fire or automatic sprinkler systems.

Hillsborough County Florida
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Sizing Water Service Lines and Meters
Hillsborough County - Water Customer Data Sheet

Customer: _____

Address: _____

Building Address: _____

Subdivision: _____

Type of Occupancy _____ Lot No.: _____ Block No.: _____

Fixture	Fixture Value 35 psi		No. of Fixtures		Fixture Value
Bathtub	8	x		=	0
Bedpan Washer	10	x		=	0
Combination Sink and Tray	3	x		=	0
Dental Unit	1	x		=	0
Dental Lavatory	2	x		=	0
Drinking Fountain - Cooler	1	x		=	0
Drinking Fountain - Public	2	x		=	0
Kitchen Sink - 1/2" Connection	3	x		=	0
- 3/4" Connection	7	x		=	0
Lavatory - 3/8" Connection	2	x		=	0
- 1/2" Connection	4	x		=	0
Laundry Tray - 1/2" Connection	3	x		=	0
- 3/4" Connection	7	x		=	0
Shower Head (Shower Only)	4	x		=	0
Service Sink - 1/2" Connection	3	x		=	0
- 3/4" Connection	7	x		=	0
Urinal - Pedestal Flush Valve	35	x		=	0
- Wall Flush Valve	12	x		=	0
- Trough (2 ft. unit)	2	x		=	0
Wash Sink (each set of faucets)	4	x		=	0
Water Closet - Flush Valve	35	x		=	0
- Tank Type	3	x		=	0
Dishwasher - 1/2" Connection	5	x		=	0
- 3/4" Connection	10	x		=	0
- 1" Connection	25	x		=	0
Washing Machine - 1/2" Connection	5	x		=	0
- 3/4" Connection	10	x		=	0
- 1" Connection	25	x		=	0
Hose Connection (Wash Down) - 1/2"	6	x		=	0
- 3/4"	10	x		=	0
Hose (50 ft. Wash Down) - 1/2"	6	x		=	0
- 5/8"	9	x		=	0
- 3/4"	12	x		=	0
			Combined Fixture Value Total	=	0
			Customer Peak Demand from Curves x Pressure Factor	=	
			Add Irrigation squares x 1.16 or 0.40 **	=	
			TOTAL FIXED DEMAND	=	

Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Hillsborough County Public Schools
School Planning and Concurrency Application

I. Application Type

Check ☒ one only:

☐ School Capacity Determination (Land Use & Zoning) ☐ Letter of No Impact ☐ Letter of Exemption

☐ Time Extension ☐ School Concurrency Determination (Site Plan & Subdivisions)

☐ Project Amendment/Re-evaluation

See Attached Fee Schedule. Make check payable to School District of Hillsborough County. In the event that a Mitigation Agreement is necessary, an additional fee may be required.

II. Project Information:

Project Name: _____ Local Government: _____ Parcel

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

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

Closest Major Intersection: _____

III. Ownership/Agent Information:

Owner/Contract Purchaser Name(s): _____

Agent/Contact Person: _____

Mailing Address: _____

_____

Telephone#: (___) ___-____ Fax: (___) ___-____ Email: _____

IV. Development Information:

Project Data			
Current		**Proposed**	
Future Land Use:		**Future Land Use:**	
Zoning:		**Zoning:**	
Residential Units Proposed			
Single Family Detached:	**Single Family Attached:**	**Multi-family:**	**Mobile Homes:**
Total Units:	**Total Acres:**	**Phased Project: Yes ☐ No ☐**	

Date/time Stamp:_____

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	Yr11-20	20+ Years
SFD												
MF												
SFA												
MH												
Totals by Yr.	0	0	0	0	0	0	0	0	0	0	0	0

Grand Total	0

Insert totals by unit type by years.

SFD = single family detached
MF = multi-family apartments
SFA = townhomes, duplex
MH = mobile homes
If you designate other - please indicate unit type i.e. lofts, duplex, etc.

Unit Type	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9	Yr10	Yr11-20	20+ Years
SFD	25	25	25	25	--	--	--	--	--	--	--	--
MF	50	0	0	0	--	--	--	--	--	--	--	--
SFA	10	0	0	10	--	--	--	--	--	--	--	--
MH	N/A											
Totals by Yr.	85	25	25	35	--	--	--	--	--	--	--	--

Grand Total	170

Notes: This application will not be deemed complete until all applicable submittal requirements have been submitted to the School District. Submittal requirements include completed application, fee, and location map. Please be advised that additional documentation/information may be requested during review process.

Hillsborough County
PUBLIC SCHOOLS
Excellence in Education

Hillsborough County Public Schools
School Planning and Concurrency Application

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 If the request is for a site plan/subdivision approval – verify # and type of units being requested. Unit Total: Unit Type:	SFD: Total		Currently Permitted		Additional	
	MF: Total		Currently Permitted		Additional	
	SFA: Total		Currently Permitted		Additional	
	MH: Total		Currently Permitted		Additional	

Local Government Reviewer's Signature and Title **Date**

Comments:

OFFICIAL USE ONLY	
Application Received	
Date:	**Time:**
By:	