

Hillsborough County Public Schools School Planning and Concurrency Application

| Check 🛛 one only: | I. Application Type | | | | | | |
|--|--------------------------------|------------------------------|---------------|--|--|--|--|
| | ation (Land Use & Zoning) | Letter of No Impact Letter | of Exemption | | | | |
| | chool Concurrency Determinatio | · | | | | | |
| Project Amendment/Re-eva | - | | | | | | |
| | aluation | | | | | | |
| 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 pro | operty: (Attach location | map) | | | | | |
| Closest Major Intersection: | | | | | | | |
| | | | | | | | |
| | III. Ownership/Agent In | formation: | | | | | |
| | | | | | | | |
| Owner/Contract Purchaser Nar | me(s): | | | | | | |
| Agent/Contact Person: | | | | | | | |
| Mailing Address: | | | | | | | |
| | | | | | | | |
| Telephone#: (<u>)</u> | Fax: (<u>)</u> | Email: | | | | | |
| | | | | | | | |
| IV. Development Information: | | | | | | | |
| Project Data | | | | | | | |
| Cur Future Land Use: | rent | Proposed Future Land Use: | | | | | |
| 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 | | | | | | | | | | | | |

Grand Total

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.



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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 Proposed | | | |
|--|------------|---------------------|---------------------------------------|--|--|--|
| Change in Zoning | Current | | | | | |
| Number of Units by Type | SFD: Total | Currently Permitted | Additional | | | |
| If the request is for a site plan/subdivision approval – verify # and type of units being requested. <u>Unit Total</u> : <u>Unit Type</u> : | 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: | | | | | |