

Notice to Applicants for Concurrency Applications

Brevard County Preliminary Concurrency Applications must be submitted and approved prior to Application for Site Plan, Driveway Permit, Right of Way Permit or Pre-Application for Subdivision.

Instructions for preliminary Concurrency application:

All applications shall include:

Concurrency Application Form

Potable Water Service Capacity Availability or Capacity Reservation Form (your choice, reservation is recommend)

Sanitary Sewer Service Capacity Availability or Capacity Reservation Form (your choice, reservation is recommend)

Solid Waste Capacity Reservation Form

1 copy of Site Plan or Subdivision Plat

Fee of \$175.00 (payable to Brevard County Board of Commissioners)

School Facility Planning and Concurrency Application, School Impact Analysis, (if the project will have a residential component)

Potable Water Service Capacity Availability Certificate or Capacity Reservation Form

Applicant shall fill out sections I, II, & III on certificate and bring it to the agency that provides water for that location, (City of Cocoa, City of Melbourne, etc.). An authorized representative of the water agency must sign the certificate before it is submitted for Concurrency evaluation. For projects, which will utilize a private well, the applicant, under Item V, Private Wells, should sign the certificate. For projects which have existing public water and which will not generate additional flow, a copy of the account statement will be accepted in lieu of the certificates.

Sanitary Sewer Service Capacity Availability Certificate or Capacity Reservation Form

Applicant shall fill sections I, II and III on certificate and bring it to the agency that provides sewer for that location, (Brevard County Utilities, City of Melbourne, etc.). An authorized representative of the sewer agency must sign the certificate before it is submitted for Concurrency evaluation. For projects, which will utilize a septic tank or on-site package plant, an authorized representative of the Brevard County Health Department, Environmental Health Services (Government Center Bldg. A) should sign the certificate. For projects which have existing public sewer and which will not generate additional flow, a copy of the account statement will be accepted in lieu of the certificate.

NOTE: Capacity Availability Certificates are valid only for preliminary conditional approvals. For projects, which will reserve capacity, including all building permits, Capacity Reservations or paid connection receipts are required.

Solid Waste Capacity Reservation Certificate

Applicant shall fill out sections I, II and III on certificate and bring or FAX it to the Brevard County Solid Waste Management Department, 2725 Jamieson Way, Bldg. A, Suite A118, Viera, FL 32940, Ph. (321) 633-2042, FAX: (321) 633-2038. An authorized representative of the Brevard County Solid Waste Department must sign the certificate before it is submitted for Concurrency evaluation.

NOTE: A Solid Waste Capacity Reservation Certificate is valid for a specific time frame as determined by the authorized representative of the Brevard County Solid Waste Department.

School Facility Planning and Concurrency Application (Required if project has residential development.)

For information regarding this application process, please contact the Planning Department of the School Board of Brevard County at 321-633-1000 x464.

Please allow 48 hours for the processing of your preliminary Concurrency Application. The applicant shall pick up and sign for completed reviews unless other arrangements are made in advance. Preliminary Concurrency Findings of Non-Deficiency without reservation remain valid for a period of 6 months.

District # _____ Segment # _____	APPLICATION FOR CONCURRENCY EVALUATION BREVARD COUNTY, FLORIDA PLANNING & ZONING OFFICE 2725 JAMIESON WAY, BLDG A, SUITE 114, VIERA, FL 32940 PHONE: (321) 633-2070 FAX: (321) 633-2074 INTERNET: http://www.brevardcounty.us/zoning/	OFFICE USE ONLY Review # _____
<p><small>NOTE: This application together with all required attachments shall be completed and submitted to the Planning & Zoning Office for Evaluation. The Project must have Concurrency Approval prior to making application for Site Plan, Subdivision Plat, Driveway Permit and or a Right of Way Use Permit Submittal. A finding of Non-Deficiency only entitles the owner/applicant to apply for development permits pursuant to the time parameters established in the Concurrency Evaluation Ordinance (91-36).</small></p>		

Owner: _____	Applicant/Company: _____
Address: _____	Engineer: _____
_____	Address: _____
Phone: _____	_____
Email: _____	Phone & Fax: _____
	Email: _____

PROPERTY DESCRIPTION

Township: _____, Range: _____, Section: _____, SD #: _____, Parcel: _____, Block: _____, Lot: _____
 Acreage: _____, Zoning: _____, Tax Parcel ID, Legal: _____

PROPOSED DEVELOPMENT INFORMATION/POTENTIAL

Site Plan Submittal or Amendment: Project Name: _____
 Subdivision Plat Submittal: Nearest Major Road: _____

Residential Uses (check all that apply): {du = dwelling units}

<input type="checkbox"/> Single-Family Houses Detached	_____ du	<p><small>Note: If project will be phased, or has multiple buildings, please give a breakdown showing the type and number of units in each phase or building.</small></p> <p style="text-align: center;"><u>Phase #/Building #</u></p> <p>_____</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/> Single-Family Homes Attached (duplex, triplex, condo, townhome)	_____ du	
<input type="checkbox"/> Multi-Family Apartments (4 or more units/buildings)	_____ du	
<input type="checkbox"/> Mobile/Manufactured Homes (lots & or acreage)	_____ du	
<input type="checkbox"/> Recreational Homes (lots/sites & or acreage)	_____ du	

Non-residential Uses (check all that apply): {sf = square feet}

<input type="checkbox"/> Bank (with or without drive-through)	_____ sf	<p># of vehical fueling positions/hoses: _____</p>
<input type="checkbox"/> Church (all uses except classroom space)	_____ sf	
<input type="checkbox"/> Convenience store (with gas sales, or without gas)	_____ sf	
<input type="checkbox"/> Hotel/Motel (# of rooms)	_____ rm	
<input type="checkbox"/> Office	_____ sf	
<input type="checkbox"/> Retail	_____ sf	
<input type="checkbox"/> Restaurant (sit down indoor & or outdoor seating)	_____ sf	
<input type="checkbox"/> Restaurant (fast food with drive-through or without)	_____ sf	
<input type="checkbox"/> Warehouse	_____ sf	
<input type="checkbox"/> ACLF & or Nursing Home (number of beds or rooms)	_____ beds or rooms	
<input type="checkbox"/> Other: _____	size: _____	
<input type="checkbox"/> Other: _____	size: _____	

OFFICE USE ONLY		
<input type="checkbox"/> Fee of \$175.00 in Cash or Check (No. _____) drawn to the order of Brevard County Board of County Commissioners.		
<input type="checkbox"/> Potable Water Capacity Availability Certificate or Reservation	Provider: _____	Expires: _____
<input type="checkbox"/> Sanitary Sewer Capacity Availability Certificate or Reservation	Provider: _____	Expires: _____
<input type="checkbox"/> Solid Waste Capacity Reservation Certificate from Brevard County Solid Waste Department		Expires: _____
<input type="checkbox"/> 1 Copy of Site Plan, Subdivision Plan or Concept Drawing with A General Statement		
Received By: _____	Date: _____	Receipt: _____
<input type="checkbox"/> A Finding of Non Deficiency	Applicant must Apply for and Receive Approval for Site Plan, Subdivision Plat, Driveway Permit and or a Right of Way Use Permit with the Land Development Office prior to; _____	
<input type="checkbox"/> APPROVED CONDITIONALLY		
<input type="checkbox"/> Exempt per: _____		
<input type="checkbox"/> A Finding of Deficiency	Site Plan Number: _____	
<input type="checkbox"/> DEFERRED OR DENIED		
Reviewed By: _____	Date: _____	Title: _____

White - Office Original

Yellow - Land Development Copy

Pink - Applicant Copy

POTABLE WATER SERVICE CAPACITY AVAILABILITY CERTIFICATE

This certificate is issued for the purpose of verifying that potable water service is available pursuant to Section 163.3202 (2) (g), Florida Statutes. However, this certificate in no way reserves capacity for the project or property described below and is issued for conditional Site Plan, Subdivision, or building permit approval only.

I. Unit of Government or Entity Issuing Certificate: _____

II. Applicant/Owner Information

Owner: _____ Applicant: _____

Address: _____ Address: _____

Phone No. (home) _____ Phone No. (home) _____

(work) _____ (work) _____

III. Legal Description and Development Proposal

Township Range Section Subdivision Block/Parcel Lot

Subdivision Name _____

Site Acreage _____ Zoning Classification _____

If Residential Type of Residential _____

Maximum Number of Dwelling Units _____

If Non-residential Specific Uses _____

Square Footage _____

IV. Availability of Potable Water Service

The following potable water capacities are available as of the date of this application.

_____ # of units or equivalent non-residential units

_____ gallons/day @ 250 gallons/residential unit/day

Affected Facility: _____

As of the date of this evaluation sufficient capacity is available for the project described in Sections III & IV.

As of the date of this application potable water capacities *are not* available.

Signature and Title

Jurisdiction

Date

V. The subject property is in an area not served by a public water supply system and will be utilizing a private well. Location of said well(s) must be shown on site plan.

Signature and Title

Jurisdiction

Date

POTABLE WATER SERVICE
CAPACITY RESERVATION CERTIFICATE

This certificate is issued for the purpose of verifying that adequate potable water service is available pursuant to Section 163.3202 (2) (g), Florida Statutes, and that potable water service capacity is reserved for a specific time for the development of the property in Section III of this certificate.

I. Unit of Government or Reserving Entity Issuing Certificate: _____

II. Applicant/Owner Information

Owner: _____ Applicant: _____

Address: _____ Address: _____

Phone No. (home) _____ Phone No. (home) _____

(work) _____ (work) _____

III. Legal Description and Development Proposal

Township Range Section Subdivision Block/Parcel Lot

Subdivision Name _____

Site Acreage _____ Zoning Classification _____

If Residential Type of Residential _____

Maximum Number of Dwelling Units _____

If Non-residential Specific Uses _____

Square Footage _____

IV. Capacity Reservation for Potable Water Service

The following potable water capacities are reserved for the period of time specified herein or until capacity consumption begins. Failure to utilize the reserved capacity within the specified timeframe shall require a new concurrency evaluation.

_____ # of units or equivalent non-residential units

_____ gallons/day @ 250 gallons/residential unit/day

Reservation Period: Beginning _____ Ending _____

Affected Facility: _____

Government Jurisdiction: _____

Capacity reservations for potable water service are hereby certified for use by the applicant for the specified reservation period.

Signature and Title

Date

V. The subject property is in an area not served by a public water supply system and will be utilizing a well.

Signature and Title

Date

SANITARY SEWER SERVICE
CAPACITY **AVAILABILITY** CERTIFICATE

This certificate is issued for the purpose of verifying that sanitary sewer service is available pursuant to Section 163.3202 (2) (g), Florida Statutes. However, this certificate in no way reserves capacity for the project or property described below and is issued for conditional Site Plan, Subdivision, or building permit approval only.

I. Unit of Government or Entity Issuing Certificate: _____

II. Applicant/Owner Information

Owner: _____ Applicant: _____

Address: _____ Address: _____

Phone No. (home) _____ Phone No. (home) _____

(work) _____ (work) _____

III. Legal Description and Development Proposal

Township Range Section Subdivision Block/Parcel Lot

Subdivision Name _____

Site Acreage _____ Zoning Classification _____

If Residential Type of Residential _____

Maximum Number of Dwelling Units _____

If Non-residential Specific Uses _____

Square Footage _____

IV. Availability of Sanitary Sewer Service

The following sanitary sewer capacities are available as of the date of this application.

_____ # of units or equivalent non-residential units

_____ gallons/day @ 250 gallons/residential unit/day

Affected Facility: _____

As of the date of this evaluation sufficient capacity is available for the project described in Sections III & IV.

As of the date of this application sanitary sewer capacities *are not* available.

Signature and Title

Jurisdiction

Date

V. The subject property is in an area not served by a public sewer supply system and will be utilizing an on-site sewage disposal/septic tank.

This site is or can be made suitable for the use of an on-site sewage disposal system.

This site is currently serviced by an on-site sewage disposal system, which is adequate to handle the proposed new development described above.

Signature and Title

Jurisdiction

Date

SANITARY SEWER SERVICE
CAPACITY **RESERVATION** CERTIFICATE

This certificate is issued for the purpose of verifying that adequate sanitary sewer capacity is available pursuant to Section 163.3202 (2) (g), Florida Statutes, and for the purpose of indicating if sanitary sewer service capacity is being reserved for a specific time for the development of the property in Section III of this certificate.

I. Unit of Government or Reserving Entity Issuing Certificate: _____

II. Applicant/Owner Information

Owner: _____ Applicant: _____

Address: _____ Address: _____

Phone No. (home) _____ Phone No. (home) _____

(work) _____ (work) _____

III. Legal Description and Development Proposal

Township Range Section Subdivision Block/Parcel Lot

Subdivision Name _____

Site Acreage _____ Zoning Classification _____

If Residential Type of Residential _____

Maximum Number of Dwelling Units _____

If Non-residential Specific Uses _____

Square Footage _____

IV. Capacity Reservation for Sanitary Sewer Service

The following sanitary sewer capacity is not reserved at this time, or is reserved for the period of time specified herein or until capacity consumption begins. If reserved, failure to utilize the reserved capacity within the specified timeframe shall require a new concurrency evaluation.

A. Central Sanitary Sewer Service

_____ # of units or equivalent non-residential units

_____ gallons/day @ 250 gallons/residential unit/day

Reservation Period: Beginning _____ Ending _____

Affected Facility: _____

B. On-site Sewage Treatment System

_____ This site is or can be made suitable for the use of an on-site sewage disposal system.

C. Government Jurisdiction: _____

Capacity status for sanitary sewer service or suitability of the site for an on-site sewage disposal system is hereby certified.

Capacity reservation for sanitary sewer service is hereby certified for use by the applicant for the specified reservation period.

Capacity status cannot be certified.

Signature and Title

Date

**SOLID WASTE
CAPACITY RESERVATION CERTIFICATE**

This certificate is issued for the purpose of verifying that adequate solid waste capacity is available pursuant to Section 163.3202(2)(g), Florida Statutes, and the solid waste capacity is reserved for a specific time for the development of the property as described in Section III of this certificate.

I. Unit of Government Issuing Certificate: **BREVARD COUNTY SOLID WASTE MANAGEMENT**

II. Applicant/Owner Information:

Owner _____	Applicant _____
Address _____	Address _____
_____	_____
Phone No. (Home) _____	Phone No. (Home) _____
(Work) _____	(Work) _____

III. Legal Description and Development Proposal:

Section _____ Township _____ Range _____
Subdivision _____ Block _____ Lot _____

Site Acreage _____ Zoning Classification _____

If Residential: Type of Residential _____
Maximum Number of Dwelling Units _____

If Non-Residential: Specific Uses _____
Square Footage _____

IV. Capacity Reservation for Solid Waste

The following solid waste capacity reserved for the period of time specified herein or until capacity consumption begins. Failure to utilize the reserved capacity within the specified time frame shall require a new concurrency evaluation.

_____ tons/year

DEVELOPMENT ORDER _____

Reservation Period: Beginning _____
Ending _____

Affected Facility: **BREVARD COUNTY LANDFILL**

Governmental Jurisdiction: **Brevard County Solid Waste Management Department**
2725 Judge Fran Jamieson Way
Viera, FL 32940 (321) 633.2042 FAX: (321) 633.2038

Capacity reservations for solid waste facilities are hereby, certified for use by the applicant for the specified reservation period by:

Signature and Title

Date _____