

**School Board of Polk County
Application for Capacity Determination**

INSTRUCTIONS: Submit one copy of completed application and location map for each new residential project requiring a determination of school capacity. Checks for concurrency review should be made out to The School Board of Polk County. Please send the application along with your applicable fee to: Mailing Address: **Planning and Concurrency Department, PO Box 391 Bartow, FL 33831.** Physical Address: **1915 S. Floral Ave. Bartow, FL 33830.**

The following information is to be provided to the **School Board of Polk County Planning and Concurrency Department** along with all other required applications for complete review of the proposed residential development. This information must be provided to the School Board of Polk County (PCSB) in order for student generation rates to be calculated, school capacity evaluated, and potential mitigation addressed. For information regarding the application process, please contact the Planning and Concurrency Department at 863-519-8298 or 863-534-0811.

Please check (√) type of application request (one only):

- Non-Binding Concurrency Determination Time Extension Other
 Binding Concurrency Determination Mitigation Agreement

Fees: Any applicable fees shall be made payable to the School Board of Polk County.

I. Project Information:

Project Name: _____

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

Location subject property: _____

Physical address (if any): _____

An 8½" x 11" vicinity map, with primary access point(s) identified and adjacent streets clearly labeled, must be attached

II. Ownership/Agent Information:

Applicant Name(s)*: _____

Agent/Contact Person: _____

Mailing address: _____

Email address: _____

Telephone#: _____ Fax: _____

III. Development Information

| Project Data | | | | | |
|--|-------------------|--|-------------------------|-----------------|-----|
| Current Land Use Designation | | Proposed Land Use Designation | | | |
| Current Zoning | | Proposed Zoning | | | |
| Project Acreage | | | | | |
| Total Units | | | | | |
| Unit Breakdown: | SF: | MF Apartment: | MF Condo: | MF Townhouse: | MH: |
| Is this a phased project: Y or N | | If yes please specify type and number of units per year: | | | |
| PHASE | Proposed SF Units | Proposed MF/MH Units | Expected Beginning Date | Completion Date | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| _____ | _____ | _____ | _____ | _____ | |
| *SF = Single Family MF = Multi-Family MH = Mobile Home | | | | | |

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 property owner, a letter of authorization from the property owner(s) must be included with this form at time of application submittal.*

School Capacity Determination

This Section To Be Completed Using Official School District Data

New students generated by proposed development: Elem: _____ Mid: _____ High: _____

| School | Current Enrollment | Concurrency Capacity | Funded Capacity Expansion* | Committed Capacity | Projected 5-Year Capacity | Students Generated by Project | Capacity Available |
|------------|--------------------|----------------------|----------------------------|--------------------|---------------------------|-------------------------------|--------------------|
| Elementary | | | | | | | |
| Middle | | | | | | | |
| High | | | | | | | |

** The funded capacity expansion must be within the first 3 years of the 5-Year Work Program.*

Adjacent CSA: Elem: _____ _____ _____ *

Adjacent CSA: Elem: _____ _____ _____ *

Adjacent CSA: Middle _____ _____ _____ *

Adjacent CSA: Middle _____ _____ _____ *

Adjacent CSA: High _____ _____ _____ *

Adjacent CSA: High _____ _____ _____ *

**Boxes checked indicate schools in which capacity will be reserved.*

Public School Facilities:

Other Relevant Information: Provide other relevant information that is needed to evaluate the School Concurrency Application and to make a finding with regard to Available School Capacity.

1. Describe any past or proposed Public School Facility dedicated, constructed, or funded in order to mitigate the public school impacts of this development:

2. Other:

Notes:

This application will not be deemed complete until all applicable requirements have been submitted to the School District. Submittal requirements include completed application and location map and fees.

FOR OFFICIAL CITY/COUNTY USE ONLY

Date Received: _____

Received by: _____

Date of Concurrency Determination: _____

Certificate No. _____

Capacity Determination Fee Review

| Non-Binding Capacity Review | Binding Capacity Determination | | Mitigation Agreements | | Vesting Determination Letter | Extension of Mitigation Negotiation or Binding Determination | | Appeal |
|-----------------------------|--------------------------------|--------|-----------------------|--------|------------------------------|--|--------|--------|
| \$150 | 1- 50 units | \$ 100 | 1-50 units | \$ 750 | \$100 | 1-50 units | \$ 500 | \$5000 |
| | 51-200 units | \$ 200 | 51-200 units | \$1500 | | 51-200 units | \$ 750 | |
| | 201-500 units | \$ 400 | 201-500 units | \$2500 | | 201-500 units | \$1000 | |
| | 501-1000 units | \$ 600 | 501-1000 units | \$4000 | | 501-1000 units | \$1500 | |
| | 1001 + units | \$ 800 | 1001 + units | \$6000 | | 1001 + units | \$2500 | |

Fee Schedule

If mitigation is required, additional fees would be charged to include any legal fees and official copies as needed. Appeals would also require additional staff time and legal fees.

The determination of adequacy for a capacity review shall be valid for 18 months from the date the affected jurisdiction issues the certificate of concurrency. It should be noted that concurrency review requires important coordination with the local government or the County. This exchange of information is vital to the success of School Concurrency.