



**APPLICATION FOR CONCURRENCY CERTIFICATION & TMPA REVIEW
DEPARTMENT OF PLANNING & DEVELOPMENT SERVICES**

**LONG FORM
(352) 334-5022**

OFFICE USE ONLY	
Petition No. _____	TMPA Zone <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> M

TYPE OF CERTIFICATION REQUESTED:
<input type="checkbox"/> Concurrency Determination (non-binding)
<input type="checkbox"/> Certificate of Preliminary Concurrency
<input type="checkbox"/> Certificate of Final Concurrency
<input type="checkbox"/> Certificate of Conditional Concurrency Reservation

Owner Name(s) (please print)
Name(s):
E-Mail Address:
Phone: _____ Fax: _____
(If additional owners, please include on separate sheet)

Agent(s) Name (please print)
Name:
Mailing Address:
E-Mail Address:
Phone: _____ Fax: _____
(Attach notarized authorization for agent to act on owner's behalf.)

PROJECT INFORMATION	
Project Name:	Phase:
Location of Project (attach an 8 1/2" x 11" map showing location)	
1. Street address:	
2. Legal description (may be attached):	
3. Tax parcel number(s):	4. Map number(s):
Existing Land Use Category:	Existing Zoning:

Is there a proposal to change the zoning and/or land use associated with this project? [] Yes [] No
If yes, indicate petition number(s) associated with change:

PHASING			
Is this project (phase) part of a larger project?	[] Yes	[] No	
If yes, enumerate each phase, number of units or square footage in each phase and beginning/ completion date.			
Total Project: Residential units	SF	SFA	MF
Non-residential (square footage)			
Mixed-use (describe mix)			
(If this is a single phase project, name it Phase I – Total)			

RESIDENTIAL DATA					
Type	Phase	Number of units	Acres	Expected beginning date	Expected completion date
Single-family, detached					
Single-family, attached					
Multi-family					
Rooming houses or dormitories (beds)					
Other (specify)					

NON-RESIDENTIAL DATA					
Type(s) specify	Phase	Square footage	Acres	Expected beginning date	Expected completion date

STOP HERE AND SIGN CERTIFICATION ON PAGE 3 IF YOU ARE REQUESTING ONLY A CONCURRENCY DETERMINATION

Required Information for Certificates of Preliminary, Final, and Conditional Concurrency Reservation & TMPA Review (Attach sheets to application.)

1. Attach a sheet with the average daily, and peak hour, peak direction trip generation for the project based on the latest edition of the ITE Trip Generation Manual. **(NOTE: The trip generation information MUST be attached to this application and shown on the development plan.)** In cases where the City and the applicant show differences in projected trips, the applicant’s calculations must be signed and sealed by the professional engineer registered in the State of Florida.

- 2. Is the proposed project within the Transportation Mobility Program Area (TMPA) (see attached map)? If yes, please be aware that special criteria apply in this area. Yes No
 Zone A Zone B Zone C Zone D Zone E Zone M
- 3. Indicate whether the proposed project will be eliminating any existing recreation facilities. If yes, detail the number and type being eliminated. Yes No
- 4. Submit a complete stormwater management plan for water quantity and water quality review by the City's Public Works Department. (Do not submit with this application, submit with the development plan.)
- 5. Does this application involve demolition or re-use of any structure(s)? Yes No

If yes, what is the size of the structure(s) to be demolished or re-used? _____ (unit(s) or square footage)

What is the current use of the structure to be demolished or re-used?

Are you claiming trip credits for the demolition or re-use of a structure(s) at the site?
 Yes No

If yes, provide estimates of credits for each previous use at the site. (Attach sheet with calculations.)



Certification

The undersigned has read the above application and is familiar with the information submitted herewith. It is agreed and understood that the undersigned will be held responsible for its accuracy. The undersigned hereby attests to the fact that the parcel number(s) and legal description(s) shown in questions 2 and 3 is/are the true and proper identification of the area for which the concurrency application is being submitted. Signatures of all owners or their agent are required on this form.

NOTE: The undersigned agrees that signing this application grants Planning staff the right to amend, for the sake of consistency, the square footage or number of units shown herein based on changes made to the development plan, subdivision, special use permit, or planned development during the review process.

Owner/Agent Signature

Date

STATE OF FLORIDA

COUNTY OF _____

Sworn to and subscribed before me this _____ day of _____ 20_____.

Signature - Notary Public

Personally Known _____ OR Produced Identification _____

TRANSPORTATION MOBILITY ELEMENT

Transportation Mobility Program Area

Legend

Transportation Mobility Program Area Sub-Zones

- Zone A
- Zone B
- Zone C
- Zone D
- Zone E
- Zone M

Gainesville City Limits

City of Gainesville
Gainesville, Florida

Prepared by Planning and Development Services
November 2012

0 1 2 Miles



STAFF USE ONLY

Estimated demand:

Potable water (_____ units x 2.25) x 200 = _____ peak gallons per day (resid. only)

Water Supply _____ (see GRU)

Wastewater (_____ units x 2.25) x 113 = _____ average gallons per day (resid. only)

Solid Waste (_____ units x 2.25) x 3.6 = _____ pounds per day (resid. only)

Trip Generation _____ ADT; _____ added p.m. peak hour, peak direction trips

Stormwater	(See the Public Works Comment Sheet.)	Does the project meet water quality and water quantity LOS Standards, according to the Public Works Department?
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Recreation	_____	Does the project degrade the City's adopted LOS Standards for recreation?
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Mass Transit	_____	Does the project impact any of the City's adopted LOS Standards for mass transit?
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Estimated credits for demolition/redevelopment/re-use:

Potable water (_____ units x 2.25) x 200 = _____ peak gallons per day (resid. only)

Water Supply _____ (see GRU)

Wastewater (_____ units x 2.25) x 113 = _____ average gallons per day (resid. only)

Solid Waste (_____ units x 2.25) x 3.6 = _____ pounds per day (resid. only)

Trip Generation _____ ADT; _____ peak p.m. hour, peak direction trips

Note: 2.25 = 2010 Census persons/household in Gainesville, FL

STAFF USE ONLY

This development meets all relevant Planning and Development Services Department LOS standards for concurrency and TMPA Review. Please see the Public Works comment sheet for information about Stormwater Management concurrency.

Signed _____

Date _____

Concurrency long form--nf
Revised: 10/24/13