

CONDITIONAL CAPACITY AVAILABILITY STATEMENT APPLICATION FORM

CITY OF JACKSONVILLE, FLORIDA

OFFICIAL USE ONLY	_____	_____	_____
	APPLICATION #	DEVELOPMENT #	APPLICATION DATE

I. TYPE OF DEVELOPMENT:			
Residential:		Non-Residential:	
Development Name: _____			
Project Name: _____			
Address: _____			
A. TYPE OF IMPROVEMENTS (Check all that apply)			
New Building	Addition	Alteration and Repairs	Foundation Only
Mobile Home (New)	Converting of Use	Trailer Park	Accessory Building
Horz. Development	Other: _____		
B. IS THIS PROJECT LOCATED WITHIN THE BOUNDARIES OF AN APPROVED DEVELOPMENT AGREEMENT AREA?			
Yes: _____	No: _____	If yes, include Development Number (CCAS or CRC App) _____	
C. IS THIS PROJECT LCOATED WITHIN THE BOUNDARIES OF AN APPROVED FAIR SHARE AREA?			
Yes: _____	No: _____	If yes, include Fair Share Contact Number (CCAS or CRC App) _____	
D. IS THIS PROJECT LOCATED WITHIN THE TRANSPORTATION MANAGEMENT AREA?			
Yes: _____	No: _____	If yes, Sector _____ Subsector _____	
E. IS THERE AN ASSOCIATED MOBILITY FEE CALCULATION CERTIFICATE?			
If yes, include the Application No. _____			

II. PROJECT OR DEVELOPMENT LOCATION:		
SECTION _____	TOWNSHIP _____	RANGE _____
A. COUNCIL DISTRICT _____		B. PROPERTY LOCATED BETWEEN STREETS:
PLANNING DISTRICT _____		
PANEL NUMBER _____		
CENSUS TRACT _____		
C. REAL ESTATE NUMBER(S): _____		

III. AGENT AND OWNER INFORMATION:

OWNER'S INFORMATION	
Name:	Address (including city, state, zip):
Email:	Telephone:

AGENT'S INFORMATION		
Name:	Address (including city, state, zip):	
Email:	Telephone:	
MAIL THE CCAS CERTIFICATE TO:	AGENT	OWNER

IV. COMMENTS:

V. PROJECT OR DEVELOPMENT SPECIFICATIONS:

A. TRANSPORTATION LAND USE CODE: _____			
PREVIOUS LAND USE CODE: _____			
CURRENT ZONING: _____		If PUD Ord. #: _____	
B. TOTAL LAND AREA (ACRES): _____		C. ENCLOSED AREA OF PROPOSED DEVELOPMENT: _____	
D. TOTAL NUMBER OF DWELLING UNITS:			
SINGLE-FAMILY:		DUPLEX:	TRIPLEX/QUAD:
APARTMENT:		MOBILE HOMES:	CONDOS:
Number of Rooms:		Number of Berths:	
Number of Pads:		Number of Beds:	
Number of Parking Spaces:		Number of Seats:	
Other (Please Specify):			
E. CONCURRENCY REVIEW ONLY: WATER SOURCE AND SEWAGE DISPOSAL			
WATER SOURCE:	LOS AREA [_____]	A. JEA	B. PRIVATE UTILITY
SEWAGE DISPOSAL:	LOS AREA [_____]	A. JEA	B. PRIVATE UTILITY
		C. PRIVATE WELL	C. SEPTIC TANK

ITEMS REQUIRED FOR CCAS REVIEW

- 1. Complete Application
- 2. Site Plan {8 1/2 x 11, 8 1/2 x 14, or 11 x 17} preferred
- 3. Site Location Map
- 4. Owner Authorization Affidavit
- 5. Fee (CHECKS SHOULD BE MADE OUT TO **TAX COLLECTOR**)

GENERAL AUTHORIZATION

I hereby certify that I have read and understand the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including attachments, is true and correct to the best of my knowledge.

Owner(s)

Print Name: _____

Signature: _____

Applicant or Agent (if different than owner)

Print Name: _____

Signature: _____

Owner(s)

Print Name: _____

Signature: _____