

**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 IMPROVEMENT: (Circle all that apply)**

- |                           |                       |
|---------------------------|-----------------------|
| A. NEW BUILDING           | L. OTHER              |
| B. ADDITION               | O. CONVERTING USE     |
| C. ALTERATION AND REPAIRS | R. TRAILER PARK       |
| G. FOUNDATION ONLY        | W. ACCESSORY BUILDING |
| J. MOBILE HOME (NEW)      | X. HORZ. DEVELOPMENT  |

**B. IS THIS PROJECT LOCATED WITHIN THE BOUNDARIES OF AN APPROVED DEVELOPMENT AGREEMENT AREA? YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, INCLUDE THE DEVELOPMENT AGREEMENT NUMBER \_\_\_\_\_.** (THIS WILL BE AN EXISTING CCAS OR CRC APPLICATION NUMBER)

**C. IS THIS PROJECT LOCATED WITHIN THE BOUNDARIES OF AN APPROVED FAIR SHARE AREA? YES \_\_\_\_\_ NO \_\_\_\_\_. IF YES, INCLUDE THE FAIR SHARE CONTRACT NUMBER \_\_\_\_\_**  
(THIS WILL BE AN EXISTING CCAS OR CRC APPLICATION NUMBER)

**D. IS THIS PROJECT LOCATED WITHIN THE TRANSPORTATION MANAGEMENT AREA? IF YES, INCLUDE SECTOR AND SUBSECTOR #.** 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 _____	PD/TAZ _____	
PLANNING DIST. _____	CENSUS TRACT _____	
PANEL NUMBER _____		

**B. INTERSECTING STREETS: BETWEEN** \_\_\_\_\_

**AND** \_\_\_\_\_

C. REAL ESTATE NUMBER: \_\_\_\_\_

**III. AGENT AND OWNER INFORMATION** (PLEASE MAKE SURE THERE IS A ZIP CODE)

A. AGENT/DEVELOPER

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

B. OWNER

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

C. MAIL THE CCAS CERTIFICATE TO: AGENT \_\_\_\_\_ OWNER \_\_\_\_\_

**IV. COMMENTS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. PROJECT OR DEVELOPMENT SPECIFICATIONS**

A. TRANSPORTATION LAND USE CODE \_\_\_\_\_ FLUM CATEGORY \_\_\_\_\_  
PREVIOUS LAND USE CODE \_\_\_\_\_ CURRENT ZONING \_\_\_\_\_

B. TOTAL LAND AREA \_\_\_\_\_  
ACRES

C. ENCLOSED AREA OF PROPOSED DEVELOPMENT \_\_\_\_\_  
ENCLOSED SQUARE FEET

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 C. PRIVATE WELL  
SEWAGE DISPOSAL: LOS AREA [\_\_\_\_] A. JEA B. PRIVATE UTILITY D. SEPTIC TANK

**VI. SIGNATURES**

AGENT/DEVELOPER \_\_\_\_\_ DATE \_\_\_\_\_

OWNER \_\_\_\_\_ DATE \_\_\_\_\_

**GENERAL AUTHORIZATION**

TO WHOM IT MAY CONCERN:

The undersigned hereby authorizes \_\_\_\_\_ to act as my agent to obtain concurrency approval for development of lands which I currently own as described on the attached application.

\_\_\_\_\_  
OWNER OF SUBJECT PROPERTY

**ITEMS REQUIRED FOR CCAS REVIEW**

1. COMPLETED APPLICATION
2. SITE PLAN {8 ½ x 11, 8 ½ x 14, or 11x 17} preferred
3. VICINITY MAP
4. OWNER AUTHORIZATION
5. FEE (CHECKS SHOULD BE MADE OUT TO TAX COLLECTOR.)

**CONCURRENCY AND MOBILITY MANAGEMENT SYSTEM OFFICE**

ED BALL BUILDING, 2<sup>ND</sup> FLOOR  
214 N. HOGAN STREET  
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