

MOBILITY FEE CALCULATION CERTIFICATE
APPLICATION FORM
CITY OF JACKSONVILLE, FLORIDA

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

I. TYPE OF MOBILITY FEE REVIEW:

MOBILITY FEE CALCULATION _____ EXPEDITED MOBILITY FEE CALCULATION _____
 (Includes Trip Reduction Credits)

II. 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 CCAS/CRC#? IF YES, INCLUDE APPLICATION # _____

III. PROJECT OR DEVELOPMENT LOCATION

SECTION _____ TOWNSHIP _____ RANGE _____

A. COUNCIL DISTRICT			PD/TAZ		
PLANNING DIST.	_____	_____	CENSUS TRACT	_____	_____
PANEL NUMBER	_____	_____	MOBILITY ZONE	_____	_____
	_____	_____	MOBILITY DEVELOPMENT AREA	_____	_____

B. INTERSECTING STREETS: BETWEEN _____
AND _____

C. REAL ESTATE NUMBER: _____

IV. 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 MOBILITY FEE CERTIFICATE TO: AGENT _____ OWNER _____

V. COMMENTS

VI. PROJECT OR DEVELOPMENT SPECIFICATIONS

A. TRANSPORTATION LAND USE CODE _____
PREVIOUS TRANSPORTATION LAND USE CODE _____

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) _____

VII. 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 and mobility fee approval for development of lands which I currently own as described on the attached application.

OWNER OF SUBJECT PROPERTY

ITEMS REQUIRED FOR MOBILITY FEE 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. APPLICATION FEE:
MOBILITY FEE CALCULATION (USING TRIP REDUCTION CREDITS): **\$688**
EXPEDITED MOBILITY FEE CALCULATION: **\$266**
(CHECKS SHOULD BE MADE OUT TO TAX COLLECTOR.)

CONCURRENCY AND MOBILITY MANAGEMENT SYSTEM OFFICE

ED BALL BUILDING
2ND FLOOR
214 N. HOGAN STREET
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