

SEMINOLE COUNTY, FLORIDA

APPLICATION FOR AFFIDAVIT OF PRIOR CONCURRENCY / VESTING

(NO APPLICATION FEE)

1) APPLICANT INFORMATION:

Name: _____
 Mailing Address: _____

Telephone No.: _____
 Fax No.: _____

2) OWNER INFORMATION:

Name: _____
 Mailing Address: _____

Telephone No.: _____
 Fax No.: _____

3) PROJECT INFORMATION:

Property address/location: _____

4) PROJECT NAME:

5) PROPERTY LEGAL DESCRIPTION:

List all Tax Parcel I.D. numbers for the subject property.

The property legal description is either:
 (Check one)

- Attached or;
 Provided with Development Application.

6) I am applying for one of the following Final Development Orders:

TYPES OF FINAL DEVELOPMENT ORDERS	
Concurrency Review is optional; Applicant may instead submit a Concurrency Deferral Affidavit, <i>(Check all that apply)</i>	Concurrency Review is required, Unless Applicant provides an Affidavit of Prior Vesting / Concurrency Certificate <i>(Check One)</i>
<input type="checkbox"/> Development of Regional Impact (DRI) <input type="checkbox"/> PCD Final Master Plan <input type="checkbox"/> PUD Final Master Plan <input type="checkbox"/> Preliminary Plat	<input type="checkbox"/> Single-Family Subdivision Final Plat <input type="checkbox"/> Commercial Subdivision Final Plat <input type="checkbox"/> Site Plan <input type="checkbox"/> Special Exception <input type="checkbox"/> Borrow Pit Permit <input type="checkbox"/> Dredge & Fill Permit

7) PROJECT SIZE AND PHASING:

PHASE Number of Phases (if applicable)	PLANNED MONTH AND YEAR OF Infrastructure Preconstruction Conference	NUMBER OF ACRES	SPECIFIC USE(S)	BUILDING GROSS SQ. FT. or No. OF UNITS/LOTS

<i>Example: Phase I</i>	<i>10/02</i>	<i>15</i>	<i>Single Family</i>	<i>95 Units</i>
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8) I hereby declare and assert that the aforementioned proposal and property described are covered by a valid previously issued Certificate of Vesting or Concurrency as identified below: (Please attach a copy of the Certificate of Vesting or Prior Test/Concurrency Notice.)

Type of Certificate	Certificate Number	Date Issued
Vesting:	CV - _____	_____
Concurrency:	CC - _____	_____

I make these assurances to induce Seminole County to accept and process my development order application without imposition of an otherwise required Concurrency Review.

9) **CERTIFICATION AND SIGNATURE:**

I hereby certify that the information contained herein is true and correct and that I am either the true and sole owner of the subject property, or I am authorized to act on behalf of the true owner(s) in all regards on this matter, pursuant to **proof and authorization submitted with the corresponding development application or attached hereto**. I further represent that I have the lawful right and authority to file this Affidavit.

Applicant Signature: _____ Date: _____

PLANNING AND DEVELOPMENT USE ONLY	
10)	Current Zoning: _____
11)	Development Application (DRS) Identifying #: _____
12)	Application for Development Order Specified in Question #7 determined to be complete: Date: _____ Time: _____
13)	One copy of Development Application and Supporting Submission is attached.
14)	Development Application (if applicable) routed to begin Development Review and this Concurrency Application with required attachments including plans, routed to the attention of _____ in Development Review. Date: _____ By: _____ Time: _____ Receipt # _____

FOR DEVELOPMENT REVIEW USE ONLY	
15)	CONTROL NUMBER ASSIGNED: _____
	TRAFFIC ZONE: _____
	FUTURE LAND USE DESIGNATION: _____
	<input type="checkbox"/> PLANS ATTACHED <input type="checkbox"/> LEGAL DESCRIPTION ATTACHED <input type="checkbox"/> CC ATTACHED

