



CITY OF ORMOND BEACH

v5.2

Planning Department

22 South Beach Street, Ormond Beach, FL 32175

Tel: (386) 676-3238

www.ormondbeach.org

comdev@ormondbeach.org

CONCURRENCY CERTIFICATION

For Planning Department Use

Application Number

Date Submitted

APPLICANT INFORMATION

This application is being submitted by

Property Owner

Agent, on behalf of Property Owner

Name

Address

City, State, Zip Code

Telephone

Email Address

If this application is being submitted by person other than the property owner, please provide the following Property Owner Information.

PROPERTY OWNER INFORMATION

Name

Address

City, State, Zip Code

Telephone

Email Address

If the property owner does not reside on the property for which the application refers, please provide the following Property Details.

PROPERTY DETAILS

Address	<input type="text"/>
Zip Code	<input type="text"/>
Parcel I.D.	<input type="text"/>
Legal Description	<input type="text"/>

RESIDENTIAL DATA

Type	Phase	Square Footage	# of Units	Acres	Expected Beginning Date	Expected Completion Date
Single-Family, Detached	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Single-Family, Attached	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multi-Family	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify below)						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NON-RESIDENTIAL DATA

Type	Phase	Square Footage	# of Units	Acres	Expected Beginning Date	Expected Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXISTING STRUCTURE INFORMATION

Type	Phase	Square Footage	# of Units	Acres	Expected Beginning Date	Expected Completion Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CONCURRENCY INFORMATION

Please provide the following details related to Stormwater; Water, Sewer and Solid Waste; Recreation; and Traffic.

Stormwater

Submit complete stormwater management plan for water quality and quantity review as part of the Site Plan Review Application. Do not submit the plan as part of this application.

Water, Sewer, Solid Waste

Phase	Use: Residential Units or Square Footage	Unit of Measure	Water Impact	Sewer Impact	Solid Waste Impact

Recreation

Phase	Use: Residential Units	Multiplier (Units x 2.06 x 0.0035): Recreation Impact			

Traffic

Is a Traffic Study required? Yes No

If Yes: Attach the applicable tables from the Traffic Impact Assessment (project daily and peak hour trips, roadway impacts, trip distribution, vested trips, and intersection analysis). If applicable, attach any fair share agreements that are required.

If No: Provide a Trip Distribution Map.

Phase	Use: Residential Units or Square Footage	ITE Trip Generation Unit	Daily Projected Average Trips
Total:			

CERTIFICATION

I hereby certify that the information provided above is true and correct to the best of my knowledge and that I am either the property owner(s) of the subject property or am authorized to act on behalf of the property owner(s) in all regards on this matter, pursuant to proof of authorization submitted with the corresponding Application for Site Plan Review. I also understand that submission of this form initiates a review process and does not imply approval by the City. The issuance of a Certificate of Concurrency will require successful completion of the Site Plan Review Process and public hearing approval, if applicable.

Signed by

Date