



The School District of Palm Beach County
Planning Department
 3320 Forest Hill Blvd. C-110
 West Palm Beach, FL 33406-5813
 Phone: (561) 434-8800 or (561) 963-3877
 Fax: (561) 434-8187 or (561) 434-8815
Attention: Concurrency

The School District of Palm Beach County School Concurrency Application & Service Provider Form

Instructions: Submit one copy of the completed application and fees for each new residential project requiring a determination of concurrency for schools. A determination will be provided within fifteen (15) working days of receipt of a complete application. A determination is not transferable and is valid for one year from date of issuance. Once the Development Order is issued, the concurrency determination shall be valid for the life of the Development Order.

Please check (✓) type of application (one only):

[] Concurrency Determination [] Concurrency Exemption [] Concurrency Equivalency
 [] Adequate School Facilities Determination [] Letter of No Impact [] Time Extension

Fees: Concurrency Determination or Adequate School Facilities Determination (\$200.00 for more than 20 units / 20 units or less \$100.00); Equivalency (\$125.00); Exemption or Letter of No Impact (\$25.00); Time Extension (\$75.00)

PART I. PROJECT INFORMATION

Please attach a copy of the site/subdivision plan, last recorded warranty deed and consent form

Project Name: _____ **Municipality:** _____

Property Control Number (PCN): _____

Location / Address of Subject Property: _____

DEVELOPMENT REQUEST:

Project Data		Type of Units	
Section/Township/Range	/ /		Single Family
Project Acreage			Multi-Family (Other than apartments)
Total Number of Units			Apartments (3 stories or less)
Will the Project be Phased?* (Y/N)			High Rise Apartments
Concurrency Service Area (CSA)			Age Restricted (Adults Only)**

* If applicable, please attach a Phasing Plan showing the number and type of units to receive certificate of occupancy yearly.
 ** A Restrictive Covenant is required for age-restricted communities.

OWNERSHIP / AGENT INFORMATION:

Owner's Name: _____

Agent's Name: _____

Mailing Address: _____

Telephone Number: _____ **Fax Number:** _____

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

 Owner or Owner's Agent Signature **Date**

PART II. LOCAL GOVERNMENT REVIEW

Date Application Filed: _____ **Petition Number:** _____

Reviewed By: _____ **Title:** _____

Did the Applicant pay the filing fee to you? **YES** (Please attach proof of payment)
 NO (If no, the applicant must pay the School District. The School District will not review without payment).

 Government Representative Signature **Date**

PART III. TO BE COMPLETED BY SCHOOL DISTRICT

Date & Time Received: _____ **Case Number:** _____

_____ I verify that the project complies with the adopted Level of Service (LOS) for Schools

_____ I verify that the project will comply with the adopted Level of Service (LOS) for Schools subject to the attached conditions

_____ I cannot verify that the project will comply with the adopted Level of Service (LOS) for Schools

 School District Representative **Date**