



# City of Green Cove Springs Concurrency Application

### FOR OFFICE USE ONLY

P Z File # \_\_\_\_\_

Application Fee: \_\_\_\_\_

Filing Date: \_\_\_\_\_ Acceptance Date: \_\_\_\_\_

#### A. PROJECT

1. Project Name: \_\_\_\_\_
2. Address of Subject Property: \_\_\_\_\_
3. Parcel ID Number(s) \_\_\_\_\_
4. Existing Use of Property: \_\_\_\_\_
5. Future Land Use Map Designation: \_\_\_\_\_
6. Existing Zoning Designation: \_\_\_\_\_
7. Acreage: \_\_\_\_\_

#### B. APPLICANT

1. Applicant's Status             Owner (title holder)             Agent
2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
 Company (if applicable): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

3. If the applicant is agent for the property owner\*:  
 Name of Owner (title holder): \_\_\_\_\_  
 Company (if applicable): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

\* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

#### C. PROJECT DESCRIPTION

Water and Sewer Service Provider \_\_\_\_\_ Electric Service Provider \_\_\_\_\_

1. Residential- Dwelling Units \_\_\_\_\_
2. Non- Residential - S.F. of Building \_\_\_\_\_ Number of ERU's (Equivalent Residential Units) \_\_\_\_\_  
 Electric Peak Hour Demand \_\_\_\_\_ -

**D. ATTACHMENTS**

- 1. **Copy of Warranty Deed or other proof of ownership**
- 2. **Legal description**
- 3. **Survey**
- 4. **Site Plan**
- 5. **Agent Authorization, if applicant is not owner**

**F. FEE.**

Res - <20 lots - \$150 + \$5 for every 20 lots  
 Non-Res - <10,000 s.f of lot area - \$150 + \$5 per acre.

**All attachments are required for a complete application. A completeness review of the application will be conducted within five (5) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.**

**I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:**

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Co-applicant

\_\_\_\_\_  
 Typed or printed name and title of applicant

\_\_\_\_\_  
 Typed or printed name of co-applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, by \_\_\_\_\_

\_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_  
 as identification.

NOTARY SEAL

\_\_\_\_\_  
 Signature of Notary Public, State of \_\_\_\_\_