Concurrency Management Application and Information

The City of Orlando’s Concurrency Management system ensures the availability of public facilities and services concurrent with new development in an equitable manner to small and large developers. Concurrency Management ensures that all users of public facilities will be guaranteed a specific level of service and that new development will not deplete those levels of service.

If your development plans require a concurrency evaluation, you will be required to obtain a Concurrency Encumbrance Letter before building plans can be approved. The Concurrency Encumbrance letter is valid for 90 days. You must pay the reservation fees or obtain a building permit before the expiration of the Concurrency Encumbrance Letter.

Concurrency Management Check List

The items listed below must be submitted with your application:

Application Fee
Some fees are non-refundable or partially refundable.

Concurrency Management Application
The applicant must complete and sign this form.

Site Plan/Location Map
One copy of a site plan, if available, showing the location of the project.

Power of Attorney
If you are not the property owner, but are acting on behalf of the property owner, you are required to have this form completed and notarized.

Concurrency Management Staff Contacts

Office of Permitting Services – Keith Grayson, Chief Plans Examiner, at 407.246.3234 or keith.grayson@cityoforlando.net for applications, capacity reservation process and general concurrency related questions.

Transportation Planning Division – Nanci Jurus-Ottini, Transportation Fee Coordinator, at 407.246.3529 or nanci.jurus-ottini@cityoforlando.net for transportation concurrency management questions.

City Planning Division – Elisabeth Dang, Chief Planner, at 407.246.3408 or at Elisabeth.dang@cityoforlando.net for concurrency questions related to the Concurrency Resolution Process and transportation related issues.

Office of Legal Affairs – Alison Brackins, Assistant City Attorney, at 407.246.2295 or at alison.brackins@cityoforlando.net for questions related to the vested rights process.

Rev 10/2013
Concurrency Management Application

Date: __________________________ Related Building Permit # (if applicable): __________________________

Job Site Address or Parcel ID #: ____________________________________________________________

Legal Description (if additional space is needed please attach separate sheet): __________________________________________________________

Owner Name, Address, Phone: _____________________________________________________________

Applicant Name 1, Address, Phone: _____________________________________________________________

1If other than Owner, Power of Attorney information must be registered with Permitting Services or provided with this application.

Primary Contact: __________________________________ Project Name: ______________________________

For Primary Contact, do we have current FAX # and email address? ______________________________________

Project Description (include general location, additional comments): __________________________________________________________

GENERAL

Type of Application (select one box):

☐ Encumbrance ($250) ☐ Verification ($50) ☐ Vested Rights ($1,000)

LAND USE INFORMATION

EXISTING LAND USE

Acreage: __________________________ Zoning: __________________________

Use 2: __________________________ Quantity 2: __________________________

PROPOSED LAND USE

Acreage: __________________________ Zoning: __________________________

Use 2: __________________________ Quantity 2: __________________________

2Commercial—SqFt, Government—SqFt, Hospital—SqFt, Hotel—Rooms, Industrial—SqFt, Multi-Family—du, Office—SqFt, Single Family—du

AUTHORIZED SIGNATURE

My signature on this application as owner, or as the authorized agent, acknowledges that I understand the following:

(A) A Concurrency Verification Letter is a non-binding analysis of capacity available.

(B) A Concurrency Encumbrance Letter encumbers capacity for 90 days. Within the 90 day period I must receive a building permit or a Capacity Reservation Certificate or the letter expires.

(C) A Capacity Reservation Certificate reserves capacity for a set period of time. If I do not use the capacity within the set period of time, I lose my reserved capacity and a percentage of my deposit.
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(D) My building permit application will not be approved if the proposed use(s), square footage and/or number of units submitted on the building permit application are greater than those submitted on this application.

(E) Concurrency for storm water shall be met through adherence to the Orlando Urban Stormwater Management Manual.

(F) I acknowledge that the information contained in this application is true and correct to the best of my knowledge.

Agent
Signature
____________________________
Print Name
__________________________________
Title
______________________________________
Date
_______________________________________

Owner
Signature
____________________________
Print Name
__________________________________
Title
______________________________________
Date
_______________________________________
Power of Attorney

Before me, the undersigned authority, this day personally appeared

________________________________________, of ____________________________ hereafter the “Owner” hereby appointed ________________________________ of __________________________, hereafter the “Agent” as authorized agent to act in the owner’s capacity in matters dealing with the following:

(1) The agent is the duly authorized agent of the owner, serving as the applicant for the property described in the attached application and verified legal description.

(2) The agent has the owner’s full and complete permission to act in behalf of the owner in seeking all approvals and conducting the necessary procedures associated with Chapter 59 of the City Code.

(3) The agent has the owner’s full and complete permission to sign and execute any applications, forms, and agreements associated with Chapter 59 of the City Code.

________________________________________
OWNER

________________________________________
OWNER

Witnesses:

________________________________________

________________________________________

State of __________________________
County of __________________________

The foregoing instrument was acknowledged before me this ____________________________ by ____________________________ who is personally known to me or who has produced the following form of identification ____________________________ or taken an oath.

________________________________________
Notary Public

Rev 02/2006