VOLUSIA COUNTY SCHOOL BOARD

SCHOOL CONCURRENCY FEE SCHEDULE:

School Concurrency Reviews:

Finding of Adequate Capacity Determination…..$500.00

Reservation Certificate Determination…..$500.00

Time Extension.....$250.00

Concurrency Determination Amendment… $150.00

Exemption/No Impact Letter…..$100.00

Negotiated Agreements:

Capacity Enhancement

For projects comprised of 50 acres or less $1,000.00

For projects comprised of 51 or more acres…..$2,500.00

Proportionate Share Mitigation

For projects of 200 units or less.....$1,000.00

For projects of 201 units or more…..$2,500.00

Appeals:

……$5,000.00

Volusia County School Board
School Planning and Concurrency Application

Instructions:
Submit one (1) copy of the completed application form, location map, and applicable fee for each new residential project requiring a School Concurrency Review, as well as;

Finding of Adequate Capacity application include the proposed Comprehensive Plan Amendment, Changes to Land Use Maps and/or Proposed PD agreement.

Reservation Certificate application include the proposed Subdivision plan, Site plan or Plat

For your application to be complete, all information requested above is required. It is your responsibility as the applicant to provide this information. For information regarding this application process, please contact the Facilities Services Department – Growth Management at 386-947-8786.

Please check [✓] type of application request (one only):

☐ Finding of Adequate Capacity - (Comprehensive Plan Amendment, Land Use Change, PUD or Rezoning)

☐ Reservation Certificate - (Subdivision Plan, Site Plan, Plat)

☐ Review Amendment ☐ Letter of Exemption or No Impact ☐ Time Extension

See fee schedule for review fees
Checks should be payable to Volusia County School Board
In the event a Capacity Enhancement or Mitigation Agreement is negotiated an additional fee is required.

Project Name: _____

Municipality: _____

Parcel ID#: _____ (or) Alternate Key: _____ (attach separate sheet for multiple)

Location/Address of subject property: _____ (attach location map)

Closest Major Intersection: _____

Ownership/Agent Information:

Owner/Contract Purchaser Name(s): _____

Agent/Contact Person: _____

Contact Address:

_____

_____

Telephone#: _____ **Email:** _____

I hereby certify the statements and/or information contained in this application with any attachments submitted herewith are true and correct to the best of my knowledge.

_____ _____

Owner or Agent Signature **Date**

If applicant is not the owner of record, a letter of authorization from the property owner(s) must be included with this form at time of application submittal. If owner is a company/corporation, please submit documentation that signatory is registered agent of the company.

Date Stamp: _____

Volusia County School Board
School Planning and Concurrency Application

Development Information:

Current Land Use Designation:		Proposed Land Use Designation:	
Current Zoning Classification:		Proposed Zoning Classification:	

Total Project Acreage: _____

Total Residential Units: _____

# Residential Unit Type				
Single Family Detached	Apartment	Condominium	Townhome	Manufactured Home

Estimated Build out Timeframe: _____

	Year 1 (Application)	Year 2	Year 3	Year 4	Year 5	5 to 10 Years	10 to 20 Years	20+ Years
Built Units								
Cumulative Total								

Volusia County School Board
School Planning and Concurrency Application
Local Jurisdiction Form

This portion of the application must be filled out and signed by the local government staff. Local government is responsible for verifying the number of units permitted and the requested change in number of units.

Land Use Designation:	Current	Proposed
Zoning Classification:	Current	Proposed
Number of Units by Type If the request is for Subdivision/ Site plan approval – Verify the # of units requested below	SF Permitted _____ Additional Requested _____ Total _____ MF Permitted _____ Additional Requested _____ Total _____ CONDO Permitted _____ Additional Requested _____ Total _____ TWNHM Permitted _____ Additional Requested _____ Total _____ MH Permitted _____ Additional Requested _____ Total _____	
Unit Total:		
Unit Type:		

Comments:

_____ _____

Local Government Reviewer's Signature and title **Date**

Affected Local Government(s)		