

**COUNTY OF VOLUSIA  
LAND DEVELOPMENT OFFICE  
NON-CONCURRENCY AFFIDAVIT**

NONCONAF, Rev. 7/10



Thomas C. Kelly Administration Center, County of Volusia, Land Development Office  
123 W. Indiana Avenue, Room 202, DeLand, Florida 32720-4604

DeLand 386-736-5942, Daytona Beach 386-248-8157, New Smyrna Beach 386-423-3872  
Fax 386-740-5136

**The undersigned hereby declares and affirms that he/she is the owner or developer with permission of the owner of the property which is the subject of this affidavit.**

**Further, the undersigned declares and affirms that he/she has hereby elected to defer the Concurrency determination that is required by Division 14 of the Land Development Code of Volusia County, Florida, and Chapter 163, Florida Statutes, for the subject property until a later time, but no later than the first application for a Final Development Order for the subject property.**

**Further, the undersigned understands and acknowledges that the subject property will require a Concurrency determination and must be issued a Concurrency Certificate of Capacity before any Final Development Order can be issued, and that a Concurrency Certificate of Capacity may not be approved at a later time, in which case the subject property cannot be developed until sufficient capacity of public facilities becomes available to maintain the standards for levels of service that are adopted in the Volusia County Comprehensive Plan and Division 14 of the Land Development Code of Volusia County, Florida.**

**Further, the undersigned understands and acknowledges that Volusia County's issuance of a Preliminary Development Order without a Concurrency Certificate of Capacity creates no "Vested Rights" or other rights to develop the subject property.**

|                       |   |
|-----------------------|---|
| OWNER'S NAME:         | <input style="width:95%;" type="text"/> |
| TAX PARCEL NUMBER(S): | <input style="width:95%;" type="text"/> |
| PROJECT NAME:         | <input style="width:95%;" type="text"/> |

|   |   |        |   |           |   |        |   |
|---|---|--------|---|-----------|---|--------|---|
| APPLICANT'S NAME: <input style="width:95%;" type="text"/> |   |        |   |           |   |        |   |
| ADDRESS: <input style="width:95%;" type="text"/>          |   |        |   |           |   |        |   |
| CITY:   | <input style="width:30%;" type="text"/> | STATE: | <input style="width:20%;" type="text"/> | ZIP CODE: | <input style="width:20%;" type="text"/> |        |   |
| PHONE:  | <input style="width:15%;" type="text"/> | EXT:   | <input style="width:10%;" type="text"/> | FAX:      | <input style="width:15%;" type="text"/> | EMAIL: | <input style="width:25%;" type="text"/> |

➔ Applicant's Signature: \_\_\_\_\_  
 STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_  
 The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
 Signature of NOTARY PUBLIC  
 Notary Stamp or Seal Required with Expiration Date

|                               |  |
|-------------------------------|--|
| <b>****STAFF USE ONLY****</b> |  |
| PROJECT NAME:                 | <input style="width:95%;" type="text"/>  |
| PROJECT NUMBER:               | <input style="width:40%;" type="text"/> - <input style="width:10%;" type="text"/> - <input style="width:10%;" type="text"/> - <input style="width:10%;" type="text"/> - <input style="width:10%;" type="text"/> RSN: <input style="width:20%;" type="text"/> |