The School District of Palm Beach County
Planning Department
3300 Forest Hill Blvd. C-110
West Palm Beach, FL 33406-5813
Phone: (561)434-8042
Fax: (561)434-8187
Attention: Concurrency Section

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

Instructions: Submit one copy of the completed application and fees for the review, 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 ($200.00 for 20 units or more / under 20 units $100.00), Adequate School Facilities Determination ($200.00), Equivalency ($125.00) Exemption or Letter of No Impact ($25.00), Time Extension ($75.00)

PART I. PROJECT INFORMATION

Project Name: _____ **Municipality:** _____

Property Control Number (PCN): _____
_____

Location of Subject Property: _____
_____

DEVELOPMENT REQUEST:

Project Data	
Project Acreage	
Total Number of Units	
Will the Project be Phased?* (Y/N)	
Concurrency Service Area (CSA)	
School Area Code (SAC)	

	Type of Units
	Single Family
	Multi-Family (Other Than Apts)
	Apartments (3 Stories or less)
	High Rise Apartments
	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**