 **Palm Beach County Zoning Division**

2300 N. Jog Road

West Palm Beach, Florida 33411

Phone: (561) 233-5200

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| **CONCURRENCY SUPPLEMENTAL APPLICATION** |

Pursuant to ULDC Art. 2.F, Concurrency (Adequate Public Facilities), the County shall ensure that adequate potable water, sanitary sewer, solid waste, drainage, park and recreation, road, mass transit, and fire-rescue public facilities are available concurrent with the impacts of development on each public facility through the development review process. All Public Hearing and Administrative Applications that impact public facilities require this application as an attachment. For questions and a copy of this form in Word, email [PZB-ZoningIntake@pbc.gov](mailto:PZB-ZoningIntake@pbc.gov).

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| Part 1 – General Information | | | | |
| **Application Name** |  | | Date |  |
| **Control No./Name** |  | | **Control Acres** |  |
| **Address or Location** | *List frontage street first, then distance from nearest cross street.* | | | |
| **PCNs** |  | | | |
| **Owner Name** |  | | | |
| **Agent/Applicant** |  | | | |
| **Email** |  | | **Phone** |  |
| **Request Summary** | | | | |
| **Application Summary** | *Provide a short paragraph summarizing the proposal / requests, including acreages and uses, highlighting the factors that will be considered during concurrency review (eg. Non-residential square footage, uses, density/units, beds, students, etc.)* | | | |
| **Prior Concurrency** | *Indicate whether the proposed development has received prior concurrency approval that is still valid for which an application was submitted after May 21, 1987. (i.e. active concurrency reservation and/or exemption) Provide copies of the latest reservation and/or exemption certificates as documentation if applicable.* | | | |
| **Part 2 - Public Facilities Information** | | | | |
| Provide the information requested below and attach required documents. | | | | |
| **A. Traffic Information** | | | | |
| Proposed development must comply with Art. 12, Traffic Performance Standards. In order to be accepted for intake, the application must include a Traffic Study or Analysis as an attachment if required by Engineering. For more information, contact the Traffic Division at 684-4030. | | | | |
| **Is a Traffic Study required?** | | *Indicate yes or no* | | |
| **Traffic Consultant Name and contact information** | |  | | |
| **B. Mass Transit Information** | | | | |
| **Palm Tran Route running adjacent to the subject site** | | *Indicate whether a Palm Tran fixed route is adjacent to the subject site.* | | |
| **Palm Tran Stop or Route within a half mile of site** | | *Indicate whether a Palm Tran fixed route is within a ½ mile of the subject site.* | | |
| **C. Portable Water & Wastewater Information** | | | | |
| Provide a Potable Water & Wastewater Level of Service (LOS) letter or other documentation as required by PBC WUD or Zoning as an Attachment. This letter should state the provider/s of potable water and wastewater is/are able to maintain their current level of service standard established by the potable water provider, while accommodating the increase of density/intensity of the proposed amendment. | | | | |
| **Is the site currently served by Water?** | | *Indicate yes or no for each, and/or indicate if the site is on well and septic* | | |
| **Explain Water Service or Well proposed changes** | |  | | |
| **Potable Water Provider Name** | | *Indicate names of the providers* | | |
| **Is the site currently served by Sewer?** | |  | | |
| **Wastewater Provider Name** | | *Indicate names of the providers* | | |
| **Explain Sewer Service or Septic proposed changes** | |  | | |
| **Will the request result in an increase in density or intensity?** | | *If no, provision of a copy of the current utility bill, and/or Health Department septic permit information is required as Attachment I.*  *If yes, a Potable Water & Wastewater Level of Service (LOS) letter or letters are required from the applicable provider(s) as Attachment I.* | | |
| **D. Drainage Information** | | | | |
| Proposed development must have a legal right to convey stormwater to a point of legal positive outfall or meets the exemption provisions of Art. 5.E.3, Drainage. A Drainage Statement signed and sealed by a licensed Florida Professional Engineer is required as Attachment J. | | | | |
| **Drainage Basin** | | *From Drainage Statement* | | |
| **Site Drainage** | | *From Drainage Statement* | | |
| **Identify the Point of Legal Positive Outfall** | | *From Drainage Statement* | | |
| **Flood Zone\*** | | *Indicate if site is located within a flood zone and provide the name if applicable.* | | |
| **Improvement or Drainage District** | | *Indicate name of applicable Drainage District* | | |
| **E. Fire Rescue** | | | | |
| **Nearest Station** | | *Identify the fire rescue station (number and address) that provides service to the site. This information is available on GeoNav.* | | |
| **Distance to Site** | | *Identify the distance, in tenths of a mile, from the above referenced fire-rescue station to the site.* | | |
| **F. Health Department** | | | | |
| **Well and Septic** | | *Provide information regarding any current or proposed use of well or septic tanks* | | |
| **Hazardous Material** | | *Indicate if any change that will add or modify hazardous material will be stored or produced on the site, including the type and amount of:*   * *industrial, manufacturing, special or hazardous waste that may be generated;* * *airborne pollutants that may be generated (i.e. dust or other unconfined particulates such as NOx, SOx, CO, VOC’s, heavy metals, etc.); and,* * *any special handling of solid waste that may be required.* | | |
| **Special Uses** | | *Indicate if any change that will add or modify the following uses are proposed on the site: Hospitals, medical clinics, day cares, schools, personal services, cement plants, power plants, sugar Mills, dry cleaners, crematories, cement batching plants, surface coating facilities, CLFs, restaurants, lounges* | | |

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| **Part 4. Residential Supplemental** | | |
| If there is no residential density change proposed by this request, this section may not be necessary. Contact the appropriate Zoning Section for determination. | | |
|  | **Currently Approved** | **Proposed** |
| **A. Residential** - complete if residential zoning, use, and/or changes are proposed. | | |
| **Will the request increase residential uses or units?** | *Indicate yes or no, and if yes, complete the Residential information in this Section.* | |
| **Built Dwelling Units and Housing Type** | *Currently built dwelling units* | *Indicate if built dwelling units will remain if request is approved* |
| **FLU Units per acre1** | *Current FLU du/acre* | *Proposed FLU du/acre* |
| **FLU Dwelling Units** | *Maximum type and number of dwelling units (eg. Single Family, 30 units)*  \_\_\_\_\_\_ du/acre x \_\_\_\_\_\_ ac. = \_\_\_\_\_ | \_\_\_\_\_\_ du/acre x \_\_\_\_\_\_ ac. = \_\_\_\_\_ |
| **TDR Units2** | *Currently approved number of TDR units* | *Proposed number of TDR units* |
| **TDR Price and Total** | *Indicate current price of each type of TDR purchased and total cost* | *Indicate current price of each type of TDR proposed to be purchased and total cost* |
| **Workforce Housing Bonus3** | *Currently approved number of WHP units and percentage bonus* | *Proposed number of WHP units and percentage bonus* |
| **Affordable Housing Bonus** | *Currently approved number of AHP units and percentage bonus* | *Proposed number of AHP units and percentage bonus* |
| **WCRAO Bonus** | *Currently approved number of X units and percentage bonus* | *Proposed number of XX units and percentage bonus* |
| **Total Dwelling Units by Housing Type** | *Currently approved number of dwelling units / density (sum of above)* | *Proposed number of dwelling units (sum of above)* |
| **Residential Density** | *Currently approved dwelling units per acre* | *Proposed dwelling units per acre* |
| **Beds (for CLF)** | \_\_\_\_\_\_\_ max du x 2.39 = \_\_\_\_\_\_\_ | \_\_\_\_\_\_\_ max du x 2.39 = \_\_\_\_\_\_\_ |
| 1. Maximum units and FAR see Future Land Use Element;  2. TDRs proposed at 2 units per acre or higher density require a Class A approval.  3. Requires WHP Letter from Planning as Attachment N. | | |
| **B. Parks Local-level Level of Service - Required Recreation Areas** | | |
| Indicate the number of units to be proposed and multiply by the formula to determine the required recreation for the site. (Required recreation 2.5 acres per 1,000 residents = 108.90 sq.ft. per person x 2.39 per dwelling unit = 260.27 sq.ft. per dwelling unit/0.006 acres per dwelling unit.) | | |
|  | **Number of Units** | **Required Rec. Acres & Dimensions** |
| **Approved Units** | *Indicate number of Units* |  |
| **Proposed Units** | *Indicate number of Units* |  |
| **Proposed Recreation** | *Describe the recreation area(s) and amenities to the greatest extent possible* |  |

**Appendix - Traffic Study & Tabular Data.**

Proposed development must comply with Art. 12, Traffic Performance Standards. In order to be accepted for intake, the application must include a Traffic Study or Analysis as Attachment H if required by Engineering. For more information, contact the Traffic Division at 684-4030. Include the table below in a Traffic Study.

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| **A. Traffic Analysis Table** | |
| **Existing Use** | *Provide land use type and intensity* |
| **Existing Max Trip Generator** | *Provide the ITE Use Name & the trip generation rate* |
| **Proposed Use** | *Provide land use type and intensity* |
| **Proposed Max Trip Generator** | *Provide the ITE Use Name & the trip generation rate* |
| **Net Existing Trips** | Daily \_\_\_\_\_\_\_\_\_\_ AM \_\_\_\_\_\_\_\_\_\_\_\_\_ PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Net Proposed Trips** | Daily \_\_\_\_\_\_\_\_\_\_ AM \_\_\_\_\_\_\_\_\_\_\_\_\_ PM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Access** | *Provide access connections and type (e.g., roadway name, full access, right-in/right-out, U-turn locations if needed, etc.)* |
| **Build Out** | *Provide build out year* |
| **Future Land Use Information** | *If applicable, provide development limitation conditions (land use, intensity, trips, etc.) and demonstrate how those limitations are being satisfied in the Zoning application* |
| **How TPS is Met** | |
| **Intersection Analysis and Results** | *List significant intersections analyzed and results (CMA, LOS) and whether they have background failures. Add any additional information, as necessary.* |
| **Link Analysis and Results (Test 1 only)** | *List only significant links that do not meet adopted LOS and identify if they have background failures Add any additional information, as necessary.* |
| **Proportionate Share** | *Specify amounts and required improvements* |
| **Proposed Conditions** | |
| **Proposed Conditions** (except Prop Share, which is covered above) | *List site related turn lanes required, signalization proposed, median modification needs, extension of turn lanes, off-site intersection and roadway improvements, etc. The standard language of the conditions for the resolution will be drafted by the County staff.* |