

EXHIBIT "C"

**UTILITY CONCURRENCY REQUEST FORM
PALM BEACH COUNTY WATER UTILITIES DEPARTMENT (WUD)
PO BOX 16097, WEST PALM BEACH, FL 33416-6097**

PROJECT NAME: _____

ZONING PETITION #: _____

PZ&B APPLICATION #: _____

PCN NUMBER(S): _ _ _ _ _

CONCURRENCY RESERVATION METHOD REQUESTED BY DEVELOPER:

PROJECT DEVELOPER:

Name: _____

Mailing Address: _____

Email Address(es): _____

PROPERTY OWNER IF LAND TO BE DEVELOPED IS NOT OWNED BY DEVELOPER:

Name(s) _____

(Exactly as shown on recorded deed)

Mailing Address(es): _____

Billing Address (es): _____

(If different from mailing address)

Email Address(es): _____

PROJECT LOCATION: _____

(Not street address)

EXHIBIT "A"
LEGAL DESCRIPTION

**PLEASE ATTACH A COPY OF THE RECORDED PROPERTY DEED(S) AND
PARCEL CONTROL NUMBER(S) FOR ALL PROPERTIES WITHIN THE
PROJECT**

Please check the appropriate spaces and fill in the applicable blanks below. The information required below is to determine the number of Equivalent Residential Connections (ERCs) for use in determining Utility Concurrency.

**A SITE PLAN MUST BE SUBMITTED SHOWING APPROPRIATE BUILDING
AREAS AND FEATURES**

The above project is: Non-Residential Residential
 Type of service: Potable Water Wastewater Reclaimed Water

I. If Non-Residential: Total square footage is _____

Below please check applicable non-residential uses for your project:

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Beauty/Barber Shop | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Laundromat | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Gas/Service Station | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Car Wash? ___ Yes ___ No | |
| <input type="checkbox"/> Hospital # of beds _____ | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Hotel/Motel # of rooms ___ | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Office Building | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Food Service (i.e., bars, restaurants, etc.) | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Boarding School | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Day School | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Factory _____ | Sq footage ___ Meter size ___ |
| (est. process water requirements) | |
| <input type="checkbox"/> General Non-Residential | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Movie Theater/Auditorium | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Religious Institution | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> Warehouse: | |
| <input type="checkbox"/> (mini-warehouse; dead storage) | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> (bulk inventory; supply) | Sq footage ___ Meter size ___ |
| <input type="checkbox"/> (office- Non-Residential; subdivision) | Sq footage ___ Meter size ___ |

II. If Residential:

- 1A. # of individually-metered single family homes: _____
- 1B. # of dwelling units w/common roof, floor or walls & average size:
 Up to 1,799 sq. ft. _____ 1,800 sq. ft. and over _____
 Number of individual or master meters & size(s) of each: _____
- 1C. # of dwelling units sharing common parcel but not sharing common roof, floor, or walls and average less than 950 sq. ft. OR groom's quarters having less than 950 sq. ft. per average unit: _____
 Number of individual or master meters & size(s) of each: _____

1D. # of mobile homes: _____
Number of individual or master meters & size(s) of each: _____

2. Clubhouse(s)? ___ Yes ___ No Size(s) of meter(s) _____
If more than one, how many? _____

3. Restaurant (banquet hall) Sq. footage _____

4. Guardhouse (Sq. footage) _____

III. Congregate Living:

- _____ Number of bedrooms with a stove
- _____ Number of bedrooms without a stove
- _____ Number of beds per bedroom
- Any bedroom with more than six (6) beds? Yes No
- Type of business (rehabilitation, short-term, long-term, etc.) _____

- Will cooking and laundry facilities be onsite? _____

IV. Other uses or comments:

I, _____ the undersigned, _____ (Title) of _____
_____ (Developer/Owner/Agent)

hereby affirm the truth to the above statements and calculations to the best of my knowledge.

Signed: _____ Date: _____

Address: _____ Phone: _____

OFFICE USE ONLY

ERC Calculation Check by WUD/UE: _____ GI _____

By: _____ Date: _____