



Proportionate Share Development Mitigation Agreement Input Form

**TO BE COMPLETED BY APPLICANT**

SUBDIVISION NAME:	
APPLICANT NAME:	
APPLICANT JOB TITLE:	
COMPANY NAME:	
COMPANY ADDRESS:	
STATE & COMPANY TYPE: (e.g. LLC)	
FOLIO(S):	
PI/Local Gov#:	
NUMBER OF UNIT(S):	
UNIT(S) TYPE:	
COPY TO: (include name & address)	
ALSO COPY TO: (name & address, if applicable)	

Since Applicant/developer/owner relationships vary, please enter 1<sup>st</sup> "whereas" paragraph in box below, **ONLY** if it differs from proposed language.

Applicant signature block, please paste required information below.



**TO BE COMPLETED BY HCPS ONLY**

CONCURRENCY PROJECT NUMBER:	
CAPACITY AVAILABLE FOR (ES):	
CAPACITY AVAILABLE FOR (MS):	
CAPACITY AVAILABLE FOR (HS):	
CAPACITY NOT AVAILABLE FOR (ES):	
CAPACITY NOT AVAILABLE FOR (MS):	
CAPACITY NOT AVAILABLE FOR (HS):	
PROPSHARE MITIGATION AMOUNT:	
IMPACT FEE OFFSET AMOUNT:	
CAPACITY IMPROVEMENT (include school & location):	