

I. Application Type:

Check one only:

Adequate Facilities Analysis

Rezoning Rezoning Revision Comp Plan Amendment Comp Plan Amendment Revision

Concurrency

School Concurrency Analysis School Concurrency Amendment

Proportionate Share

Mitigation Agreement Mitigation Agreement Revision Non-Binding Capacity Determination

Equivalency Finding

Other

Time Extension No Impact Letter Appeals

HCPS STAFF ONLY: Required for Review

Project #:	Intake Date:	Intake Time:
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II. Project Information:

Project Name/Number: _____

Local Government: _____

Folio #: (attach separate sheet for multiple parcels): _____ Location/Address of subject property: _____

Closest Major Intersection: _____

III. Applicant Information:

Applicant Name(s): _____

Agent/Contact Person: _____

Mailing Address: _____

Telephone#: (____) ____-____

Email: _____

IV. Development Information:

Project Data	
Current	Proposed
Future Land Use:	Future Land Use:
Zoning:	Zoning:
Number of Residential Units Proposed	
SFD ____	SFA ____
MF ____	MH ____
Total Acres:	
Existing occupied units on site? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Number of existing units: _____ Unit type(s): _____	

SFD = Single Family Detached
MF = Multi-Family Apartments
SFA = Single Family Attached (Townhomes, Duplex)
MH = Mobile Homes

Note: This application will not be deemed complete until all applicable submittal requirements have been submitted to the School District. Submittal requirements include completed application, fee (if applicable), and copy of submittal plans by the reviewing jurisdiction. Please be advised that additional documentation/information may be requested during review process.