



**TOWN OF MONTVERDE**  
**Concurrency Management Review System**

1. Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_
2. Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**(A notarized letter of authorization to act on the behalf of the owner must be submitted if the applicant is not the owner.)**

**PROPERTY INFORMATION**

Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Tax Identification Number: \_\_\_\_\_  
**In addition, attach a copy of the site's legal description.**  
Gross Acreage: \_\_\_\_\_ Area of Development: \_\_\_\_\_  
Existing Zoning: \_\_\_\_\_ Existing Land Use: \_\_\_\_\_  
Proposed Zoning: \_\_\_\_\_ Proposed Land Use: \_\_\_\_\_  
Existing Use on Site: \_\_\_\_\_  
Proposed Use on Site: \_\_\_\_\_

Is concurrency application related to a specific project? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have plans been submitted for this project? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please indicate what type of project is being submitted:

[ ] Conceptual Review:  
\_\_\_\_\_ Plan Amendment \_\_\_\_\_ Rezoning  
\_\_\_\_\_ Preliminary Subdivision \_\_\_\_\_ Preliminary Site Plan  
\_\_\_\_\_ Amendment to Future Land Use \_\_\_\_\_ Conditional Use  
\_\_\_\_\_ Preliminary Development Plan

[ ] Preliminary Development Review:  
\_\_\_\_\_ Plan Amendment \_\_\_\_\_ Rezoning  
\_\_\_\_\_ Preliminary Subdivision \_\_\_\_\_ Preliminary Site Plan

\_\_\_\_\_ Amendment to Future Land Use \_\_\_\_\_ Conditional Use  
\_\_\_\_\_ Preliminary Development Plan

[ ] Final Development Review:

\_\_\_\_\_ Final Site Plan \_\_\_\_\_ DRI  
\_\_\_\_\_ Change in Use \_\_\_\_\_ Final Plan & Plat  
\_\_\_\_\_ Building Permits

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Is there a parent project with a previously issued Certificate of Capacity?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, what is the project name? \_\_\_\_\_

Certificate Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

RESIDENTIAL PROJECTS ONLY:

Total Acreage of Project: \_\_\_\_\_ Total Number Dwelling Units: \_\_\_\_\_

	<u>Proposed Month/Year</u>	<u>Total No SF Units</u>	<u>Total No MF Units</u>
<b>Phase I:</b>			
_____ Use #1	_____	_____	_____
_____ Use #2	_____	_____	_____
_____ Use #3	_____	_____	_____
<b>Phase II:</b>			
_____ Use #1	_____	_____	_____
_____ Use #2	_____	_____	_____
_____	_____	_____	_____

Use #3

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**TRANSPORTATION**

All projects must submit a transportation impact study with this application. The methodology for the study must be approved by the Town prior to submittal with the application

The applicant must reapply for this test if a completed plan application is not submitted within sixty (60) days of these test results.

The applicant understands that there are no express, no implied, vested rights granted by the submission of or acceptance by the Town of this application, and only after all of the requirements of this application have been met will the Town of Montverde review this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

