



**PLANNING, ENVIRONMENTAL & DEVELOPMENT SERVICES DEPARTMENT
APPLICATION FOR NON-BINDING INFORMATION LETTER**

I. GENERAL INFORMATION

A capacity information letter is a nonbinding analysis of existing levels of service for public facilities and services in the vicinity of the parcel identified in the application at the time the capacity information letter is issued and does not guarantee capacity in the future or encumber/reserve capacity for any period of time. **The issuance of a capacity information letter does not relieve the applicant from complying with the capacity encumbrance or capacity reservation provisions.**

VERY IMPORTANT: This Application must be submitted to the Concurrency Management Office in its original format with original signatures, copies & electronic signatures will not be accepted. Receipt and payment of an Application does not constitute a complete Application. Review for completeness will be conducted following submittal. In order to be processed, all applications must be complete and accompanied by the appropriate fee and supporting documentation. Incomplete applications will be returned to the applicant via regular mail. **REQUESTED OR MISSING DOCUMENTS MUST BE SUBMITTED WITHIN SEVEN (7) DAYS OR THE APPLICATION WILL NO LONGER BE VALID.**

II. SUBMITTAL REQUIREMENTS

- Location Map (2 mile radius)
- Complete Legal Description (www.ocpafl.org)
- Map from Property Appraiser’s website (www.ocpafl.org) for each parcel ID included on this application depicting major cross streets

III. APPLICATION FEE:

- Capacity Information Letter Application for Commercial projects\$ 208.00
 - ⊕ Commercial Projects include but are not limited to the following uses: Retail, Warehouse, Office, Industrial, Public Assembly, Hospital, and Supermarket.
- Capacity Information Letter Application for Residential & Commercial projects\$ 462.00
 - ⊕ Residential Projects include but are not limited to the following uses: Single Family, Multi-Family, Mobile Homes, Mixed Use, Apartments, Condominiums, and Townhomes.

***Make Checks Payable To Orange County Board Of County Commissioners
Please Note: This Application Fee Is Non-Refundable***



CIL Application Number (Assigned by the County): _____
Date Submitted: _____

SECTION 1: APPLICANT AND OWNER INFORMATION

Applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION 2: PROPERTY INFORMATION

Project Name: _____

Parcel Identification Number(s): _____

Building Permit Number (*If Available*): _____

Parcel Size: _____ Future Land Use Designation: _____

Address of Property (*If Available*): _____

Existing Use of Property: _____

Size of Existing Use (*Units/Sq.Ft.*): _____

Proposed Development/Construction (*Land Use*): _____

Proposed Size of Development/Construction (*Units/Sq.Ft.*): _____

ADDITIONAL COMMENTS:



CIL Application Number (Assigned by the County): _____
Date Submitted: _____

IV. CONSENT OF PROPERTY OWNER OR AUTHORIZED AGENT:

I, the property authorized agent/owner, understand that an Informal Capacity Review contained herein is provided as a convenience to the public and reflects the capacity of the schools and roadways affected on the day and time that the review is conducted. An official determination of Capacity and Concurrency is made only after the submission of a Capacity Encumbrance Letter application.

APPLICANT'S SIGNATURE: _____ Title: _____

Printed Name: _____ Date: _____

Mailing Address

Planning, Environmental & Development Services Department
Concurrency Management Office
P.O. BOX 1393
Orlando, FL 32802-1393
Phone: 407-836-5617



CONCURRENCY MANAGEMENT OFFICE

AGENT AUTHORIZATION FORM

I, _____, as the property owner of the property described below, hereby give my permission for _____, to act as my authorized agent for the purpose of meeting concurrency requirements set forth under Article XII, Chapter 30 of the Orange County, Florida Code of Ordinances.

Legal Description: _____

Signature of Property Owner

Date

Print Name and Title of Property Owner

IN THE EVENT THAT THE ABOVE AUTHORIZED AGENT IS NO LONGER ACTING ON THE OWNER'S BEHALF SAID PROPERTY OWNER MUST NOTIFY THE CONCURRENCY MANAGEMENT OFFICE VIA WRITTEN REQUEST.

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me, a Notary Public, by means of physical presence or online notarization this ___ day of ___, 20___, by _____, as _____ of _____, a _____, on behalf of said _____, who is personally known to me or has produced (type of identification) _____ as identification.

Notary Public

(Notary Seal)

Printed Name _____

My Commission Expires: _____



**RELATIONSHIP DISCLOSURE FORM FOR USE WITH DEVELOPMENT
RELATED ITEMS, EXCEPT THOSE WHERE THE COUNTY
IS THE PRINCIPAL OR PRIMARY APPLICANT**

This relationship disclosure form must be submitted to the Orange County department or division processing your application at the time of filing. In the event any information provided on this form should change, the Owner, Contract Purchaser, or Authorized Agent(s) must file an amended form on or before the date the item is considered by the appropriate board or body.

PART I

INFORMATION ON OWNER OF RECORD PER ORANGE COUNTY TAX ROLLS

Name: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone () _____

Facsimile () _____

INFORMATION ON CONTRACT PURCHASER, IF APPLICABLE

Name: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone () _____

Facsimile () _____

INFORMATION ON AUTHORIZED AGENT, IF APPLICABLE

(Agent Authorization Form must be attached)

Name: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone () _____

Facsimile () _____

PART II

IS THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?

YES NO

IS THE MAYOR OR ANY MEMBER OF THE BCC AN EMPLOYEE OF THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT?

YES NO

IS ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC? (When responding to this question please consider all consultants, attorneys, contractors/subcontractors and any other persons who may have been retained by the Owner, Contract Purchaser, or Authorized Agent to assist with obtaining approval of this item).

YES NO

If you responded “YES” to any of the above questions, please state with whom and explain the relationship:

(Use additional sheets of paper if necessary)

PART III

ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature of Property Owner Contract Purchaser Date
or Authorized Agent (*Check One*)

Print Name and Title of Person completing this form: _____

Business Address (Street/P.O. Box, City and Zip Code): _____

Business Phone: _____

Facsimile: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me, a Notary Public, by means of physical presence or online notarization this ___ day of ___, 20___, by _____, as _____ of _____, a _____, on behalf of said _____, who is personally known to me or has produced (type of identification) _____ as identification.

Notary Public

(Notary Seal)

Printed Name _____

My Commission Expires: _____



ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal’s authorized agent shall include an executed Agent Authorization Form.

This is the Initial Form: _____

This is a Subsequent Form: _____

PART I *(Please complete all of the following)*

Name and Address of Principle (legal name of entity or owner per Orange County tax rolls):

Name and Address of Principal’s Authorized Agent, if applicable:

List the name and address of all lobbyists, consultants, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary).

- 1. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No
- 2. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No
- 3. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No
- 4. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No
- 5. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No
- 6. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No
- 7. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No
- 8. Name and address of individual or business entity: _____
Are they registered Lobbyist? Yes No

PART II

EXPENDITURES

For this report, "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- ❖ Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- ❖ Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- ❖ Any other contribution or expenditure made by or to a political party;
- ❖ Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- ❖ Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, consultants, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

Date of Expenditures	Name of Party Incurring Expenditure	Description of Activity	Amount Paid
TOTAL EXPENDED THIS REPORT			\$

(Must enter zero for no expenditures)

Part III

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I further acknowledge and agree to comply with the requirement of section 2-354 of the Orange County code to amend this specific project expenditure report for any additional expenditure incurred related to this project prior to the scheduled Board of County Commissioner meeting. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

Signature of Property Owner Contract Purchaser Date
or Authorized Agent

Print Name and Title of Person completing this form: _____
Business Address (Street/P.O. Box, City and Zip Code): _____
Business Phone: _____
Facsimile: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me, a Notary Public, by means of physical presence or online notarization this ___ day of ___, 20___, by _____, as _____ of _____, a _____, on behalf of said _____, who is personally known to me or has produced (type of identification) _____ as identification.

(Notary Seal) Notary Public
Printed Name _____
My Commission Expires: _____