



Office of Planning and Zoning

Application for Capacity Encumbrance Letter

Internal Use Only:
Application Request Number: _____ Project Number: _____

For those developments that (1) are not subject to a Vested Rights Determination or (2) exceed De Minimis thresholds as outlined in the Lake County Land Development Regulations, Chapter 5.

Encumbrance Letter Issuance Date:
<p>Applications for capacity encumbrance letters received as part of a development order application have two (2) options for issuance of the encumbrance letter. Please check the appropriate box:</p> <p><input type="checkbox"/> Issuance upon final approval. Check here for issuance of the capacity encumbrance letter simultaneous with the final approval letter. Selecting this option will encumber capacity for 120 days from the project approval, if capacity is available. Selecting this option could mean that your project may not receive approval if capacity is allocated to another project between the time the capacity reviews are completed and the project receives final approval.</p> <p><input type="checkbox"/> Immediate issuance upon completion of the concurrency evaluations. Check here for issuance of a capacity encumbrance letter immediately upon completion of the concurrency reviews, even if the rest of the review process is not complete. Selecting this option could mean that your capacity encumbrance could expire prior to receiving final approval for your project, which would mean that a new encumbrance letter application and all fees would have to be resubmitted, processed, and approved to receive final approval and could affect the project's ability to receive final approval.</p>

Items to include in this packet:				
<p>Packet items:</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Site location on map (2-mile radius) <input type="checkbox"/> Warranty deed for each parcel included on this application (http://www.lakecountyclerk.org) <input type="checkbox"/> School concurrency capacity report from Lake County School Board to show proof that there is school capacity for this project (residential subdivisions) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Utility availability letter from water provider to show proof that you have obtained water capacity for this project <input type="checkbox"/> Property record card for each parcel included on this application (http://www.lakecopropappr.com/). </td> </tr> </table> <p>Application Fee: (non-refundable) made payable to Lake County Board of County Commissioners</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"><input type="checkbox"/> \$1,340.00 (without traffic study)</td> <td style="width: 50%;"><input type="checkbox"/> \$3,500.00 (with traffic study)</td> </tr> </table>	<input type="checkbox"/> Site location on map (2-mile radius) <input type="checkbox"/> Warranty deed for each parcel included on this application (http://www.lakecountyclerk.org) <input type="checkbox"/> School concurrency capacity report from Lake County School Board to show proof that there is school capacity for this project (residential subdivisions)	<input type="checkbox"/> Utility availability letter from water provider to show proof that you have obtained water capacity for this project <input type="checkbox"/> Property record card for each parcel included on this application (http://www.lakecopropappr.com/).	<input type="checkbox"/> \$1,340.00 (without traffic study)	<input type="checkbox"/> \$3,500.00 (with traffic study)
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Zoning Information (to be completed by Zoning Division):
<p>Current Lake County zoning designation: _____ Date: _____</p> <p>Alternate Key No.: _____ F.L.U.M Designation: _____</p> <p>Zoning Division Reviewer: _____</p>

Application Request Number (Assigned by County): _____

Project Number (Assigned by County): _____

Application and Owner Information:

Application Date: _____

Applicant: _____

Contact Person: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Owner: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Property Information (please attach a locator map):

Project Name: _____

Alternate Key No.: _____

Total Acreage: _____

Future Land Use Designation: _____

Existing use of the subject property: _____

This potential proposal is for development /construction of: _____

Units/Sq. ft: _____

(Type of Use)

Will this project be phased (if yes, please provide number of units/sq. ft for each phase)? Yes No

Phase I: No. of Units: _____ Sq. ft.: _____

Phase II: No. of Units: _____ Sq. ft.: _____

Phase III: No. of Units: _____ Sq. ft.: _____

Roads needed to access project: _____

Address of property (if available): _____

Section: _____ Township: _____ Range: _____

Development Order Type:

Planned Unit Development

Preliminary Residential Subdivision Plat

Nonresidential Subdivision

Site Plan

Other: _____

Application Request Number (Assigned by County): _____

Project Number (Assigned by County): _____

Capacity Information:

Water/Wastewater:

Authorization letter(s) from the area's controlling utility provider shall be submitted verifying the availability (or non-availability) of central sewer and/or water services.

Will a water utility be servicing the site? Water: Yes No Wastewater: Yes No

Roads:

Please note that Public Works may require submittal of a traffic study if roadways needed to service the project are found to be not concurrent.

Solid Waste:

Please note that Solid Waste may require a submittal of an engineer's estimate of total waste generated from the site if needed to determine concurrency requirements.

Disclaimer Affidavit:

My signature on this application as owner or designated representative acknowledges that I understand my building permit application will not be approved if the proposed use, square footage, and/or number of units are greater than that listed on my Capacity Encumbrance application.

Applicant's Signature: _____ Date: _____

Printed Name: _____

**STATE OF FLORIDA
COUNTY OF LAKE**

The foregoing instrument has been acknowledged before me this _____ day of _____, 20____
by _____ who is personally known to me or who has produced
_____ as identification and who did or did not take an oath.

Signature of Acknowledger: _____

Name of Acknowledger, Typed or Printed: _____

Title: _____

Commission Number: _____ My Commission Expires: _____

Stamp (seal)