



CONCURRENCY MANAGEMENT OFFICE

APPLICATION FOR CAPACITY RESERVATION CERTIFICATE
ROAD AND SCHOOL

Application Fee: \$647.00 (Payable to the Orange County Board of County Commissioners)
(This fee is non-refundable)

Reservation fees (equivalent to the road & school impact fee) must be paid in the Concurrency Management Office on the first floor of the County Administration Building. The amount of fees paid depends on the type of Certificate requested, i.e. Fixed or Flexible. In a Fixed Certificate, a specific quantity of capacity must be requested and fees paid for use during each year of the reservation time frame. A Flexible Certificate allows the applicant upon receipt of applicable reservation fees to utilize the capacity at anytime during the term of the Certificate.

Application Number (as assigned on the Capacity Encumbrance Letter): _____

Applicant and Owner Information:

Applicant: _____

Contact Person: _____

E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Add'l Contact Name: _____

Building Permit Number (If Available) _____

Owner: _____

Address: _____

E-mail Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Project Information:

1. Project Name: _____

Type of Reservation Certificate Requested: Fixed _____ Flexible _____

Application for Capacity Reservation Certificate

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Is this a 1, 2 or 3 year reservation time frame? _____

If Fixed, please indicate the # units/square footage allocated and reservation fees paid for each year requested.

units/square footage reservation fee payment schedule (\$)

Year 1
Units/Sq Ft _____ Payment _____

Year 2
Units/Sq Ft _____ Payment _____

Year 3
Units/Sq _____ Payment _____

If Flexible, have all reservation fees been paid in full and the receipt attached? Yes _____ No _____

Disclaimer Affidavit:

My signature on this application as owner or the designated representative acknowledges that I understand that a Capacity Reservation Certificate does not guarantee water and wastewater services until such services are obtained from Orange County subject to the County Rate Resolutions and Ordinances. Water and Wastewater capacity is limited to the amount of capacity purchased. Hydraulic capacity is not reserved or encumbered by this letter. Such capacity will be evaluated prior to final construction plan approval. At that time, improvements to the infrastructure shall be made by the developer to insure that adequate hydraulic capacity exists.

Refund Policy:

Unused funds will be refunded at 90% if the reservation was made for 3 years or it was done for a flexible reservation regardless of the time frame selected. The funds will have to be requested in writing.

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Mailing Address: Concurrency Management Office
Growth Management Department
PO BOX 1393
Orlando, FL 32802-1393



AGENT AUTHORIZATION FORM
FOR CAPACITY RESERVATION CERTIFICATE APPLICATION

I, _____, as the property owner of the property described below, hereby give my permission for _____, to act as my agent for the purpose of applying for vested rights from the concurrency requirements of the Orange County, Florida Code of Ordinances.

Legal Description:

Signature of Property Owner

Date

Print Name of Property Owner

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____, as an individual/officer/agent, on behalf of himself / _____, a _____ corporation/ partnership/ limited liability company. He/she is personally known to me or has produced _____ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of _____, 20__.

Notary Public
My commission expires: _____

RELATIONSHIP DISCLOSURE FORM
For use with development related items except
applications in which the County is the principal or primary applicant

This form shall be submitted to the department processing your application prior to the development-related item being considered for review and/or approval by Orange County.

In the event any information provided on this form should change, the applicant(s) should file an amended form on or before the date of project consideration before the appropriate board or body.

IS THE APPLICANT OR ANY PERSON INVOLVED WITH YOUR PROJECT:

- **A RELATIVE OR BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?**
- **AN EMPLOYER OF THE MAYOR OR MEMBER OF THE BCC?**

IS ANY PERSON WITH A BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR MEMBER OF THE BCC?

Please complete table below:

	Applicant/Principal	Developer	Property Owner	Consultants/Attorney
Business Associate	YES/NO	YES/NO	YES/NO	YES/NO
Relative	YES/NO	YES/NO	YES/NO	YES/NO
Employer	YES/NO	YES/NO	YES/NO	YES/NO
Beneficial interest in the outcome	YES/NO	YES/NO	YES/NO	YES/NO

If you responded **yes** to any of the above questions, please state with whom and explain the relationship: _____

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 Date: _____

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 _____ :

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida, and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the ____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____

Case # _____
(where applicable)

ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT

**This form should be completed in full and filed with all application submittals.
 This form shall remain cumulative ** File any amendment with the department processing your application.**

Part I

Please complete the following:

Name and Address of Principal or Principal's Authorized Agent: _____

Name and Address of Lobbyist, consultants, contractors, if any: _____

Part II

Expenditures:

An "expenditure" is defined to mean a payment, distribution, loan, advance, reimbursement, deposit, or anything of value made by a lobbyist or principal for the purpose of lobbying, as this term is defined in section 2-351, Orange County Code. The term "expenditure" does not include contributions or expenditures reported pursuant to chapter 106, FS, or 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, or 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). (s.112.3215, FS) Do not disclose professional fees paid by the principal to his/her lobbyist for the purpose of lobbying. (s.2-354, Orange County Code)

The following is a complete list of all lobbying expenditures incurred by the principal or his/her authorized agent, his/her lobbyist, and/or his/her contractors, if applicable, expended in connection with the above-referenced project or issue:

Date of Expenditure	Name of Payee	Description of Expenditure	Amount Expended
			\$
			\$
			\$
			\$
			\$
			\$
			\$

If continued on a separate sheet, please check here _____

Total Expenditures this Report: \$ _____

Date of this Report: _____

Case # _____

(where applicable)

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.

Date: _____

Signature of Principal or Principal's Authorized Agent*
(check appropriate box)

STATE OF FLORIDA :
COUNTY OF _____ :

I certify that on _____, before me, _____, an officer duly authorized by the State of Florida and in the county mentioned above, to take acknowledgements, personally appeared _____, to me known to be the person described in this instrument or to have produced _____, as evidence, and who has acknowledged before me that he or she executed the instrument and did / did not take an oath.

Witness my hand and official seal in the county and state stated above on the _____ day of _____, in the year _____.

(Notary Seal)

Signature of Notary Public
Notary Public for the State of Florida
My Commission Expires: _____

**If form is signed by the Principal's Authorized Agent, please attach the completed Agent Authorization form.*