



Land Use & Environmental Services Division (850) 891-7100
 Location: 435 N. Macomb Street
 Mail: 300 S. Adams Street, Box B-28, Tallahassee, Florida 32301-1731
 Fax: (850) 891-7184 Florida Relay Service TDD: 711

PRE – CONCURRENCY (NON-BINDING) DETERMINATION APPLICATION
 (TRANSPORTATION ONLY)

(ANY FUTURE APPLICATIONS FOR DEVELOPMENT OF THIS SITE WILL RENDER THIS APPLICATION VOID)

1. Applicant/ Agent's Name: _____
 Mailing Address: _____

 Telephone #: _____ City _____ State _____ Zip _____ FAX#: _____
 E-Mail Address: _____

2. Other Contact Person (if applicable): _____
 Mailing Address: _____

 Telephone #: _____ City _____ State _____ Zip _____ FAX#: _____
 E-Mail Address: _____

Note: All persons listed above will be copied on all correspondence from the Growth Management Dept.

3. Parcel Identification Number: _____

4. LUCC #: _____

5. Project Name: _____

6. Location: _____

7. Project Narrative – Please provide a brief narrative, including phasing of this project, if applicable. Also, provide any additional information or comments that you want to be considered in the review of this project.

8. Site Development - Below, list the types and amounts of existing and proposed development on the project site. Indicate whether these facilities will remain, be removed, be converted, or are new. For all residential development, specify the residential type and provide the number of dwelling units proposed. If attached or multi-family residential, also provide the total number of bedrooms proposed. If non-residential, provide the specific type of office, industrial, warehouse, institutional, retail, commercial and/or service uses, and the gross floor area (GFA) of each type [for shopping centers also provide the gross leasable area (GLA)].

<u>LAND USE</u>	<u>DU AND BEDROOMS (RES) OR Sq Ft (NON-RES)</u>	<u>REMAIN/REMOVE/CONVERT/NEW</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Transportation: Small Large
 (Based on the criteria in Section 5.2.2. of the CMSPPM, is the project "small" or "large" with regard to traffic?)

Below, please list the roadway access points for the project. Also, describe any existing or proposed access restrictions (i.e., enter or exit only, right in / right out only). Use a separate line for each access point.

<u>ROADWAY NAME/DESCRIPTION</u>	<u>ACCESS POINT RESTRICTION/LIMITATION</u>

10. Attachments Checklist: General Location Map showing the following: *(not required if conversion only)*
(REQUIRED)
 a. adjacent streets, with project access points;
 b. existing and proposed structures; and
 c. internal streets and vehicle use areas (including existing/proposed parking).
 If Transportation is Large, a completed Transportation Analysis form is required.
 Color documents should also be submitted in electronic form in one of the following formats: .tif; .pdf; .jpeg; or .bmp.

11. Concurrency Review Fee: Based on the number of residential dwelling units and the amount of non-residential building square footage proposed, indicate the application review fee that is applicable to each and submit a check made payable to the City of Tallahassee for the total amount.

Residential \$ _____ + Commercial \$ _____ = \$ _____ Total

Note: Any fees that are paid for the review of a preliminary transportation concurrency determination may ONLY be applied toward a future formal concurrency application submittal if the type and amount of development proposed in the future formal application is equivalent to that shown in Item 9 above.

12. By signing below, the applicant acknowledges that any determination issued by City staff in response to this application is non-binding and in no way provides the proposed development with any concurrency trip reservation, or any authorization, approval or vested rights to develop.

13. Signature of Applicant: _____

Print Signed Name: _____