

1. Property Owner's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
2. Applicant's (Optionee) Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
3. Agent's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
4. Other Contact Person (if applicable): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip  
Telephone #: \_\_\_\_\_ FAX#: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_
5. Parcel Identification Number: \_\_\_\_\_
6. Project Name: \_\_\_\_\_
7. Property Address: \_\_\_\_\_
8. Property Zoning: \_\_\_\_\_
9. Related Applications(s) (if applicable): \_\_\_\_\_  
\_\_\_\_\_
10. Number of Dwelling Units: \_\_\_\_\_
11. Type(s) of Dwelling Units: \_\_\_\_\_
12. Base Square Footage of Dwelling Units: \_\_\_\_\_

**Leon County Schools staff use only:**

School concurrency service areas (attendance zones) in which property is located.

**Elementary:**

**Middle:**

**High:**

Present capacity: \_\_\_\_\_

Post Development capacity: \_\_\_\_\_

Is additional coordination with Leon County Schools necessary?     Yes     No

*This form is required by §8.3 of the Public School Concurrency and Facility Planning Interlocal Agreement as adopted on September 1, 2006 by the City of Tallahassee, Leon County, and Leon County School Board. Pursuant to §6.4 of the Agreement, the City or County will transmit the School Impact Analysis Form to a designated employee of the School Board for review at the same time the application is submitted to all departments for review.*