



TCRC and /or SCRC Application Number (Issued by Orange County): _____
Date Submitted: _____

**TRANSPORTATION AND/OR SCHOOL
CAPACITY RESERVATION CERTIFICATE APPLICATION**

I. GENERAL INFORMATION

Prior to submitting this application an approved Capacity Encumbrance Letter (CEL) application must be established with the Orange County Currency Management Office. **Reservation fees** (equivalent to the Transportation and/or School impact fee) must be accompanied with this application. The amount of fees paid depends on the type of Certificate requested (*Fixed or Flexible*). Reservation fees are calculated at the rate in effect on the date the application is received at the Concurrency Management Office. **Note: This application only reserves concurrency and does not lock in the impact fee rates for your project.** Building permits are subject to impact fee rate increases according to applicable Orange County ordinances. Impact fees are determined at the time of permit issuance and calculated at the current rate in effect on that date.

Flexible = Owner/Applicant prepays the total reservation fees upfront; allowing them to build the development within the reservation timeframe.

Fixed = Owner/Applicant chooses to pay the reservation fees in one-third installments. With Fixed reservation accounts the Owner/Applicant has to build according to what they have paid per TCRC &/or SCRC Year. Example: In order to establish a TCRC account the owner has to prepay one-third of the total TCRC fee, this payment will allow them to build one-third of the development within the first TCRC Year.

II. APPLICATION FEE

- Transportation Capacity Reservation Certificate (TCRC) Application..... \$170.00
 - ⊕ CEL Projects (Commercial or Residential) Reserving Only Transportation Capacity

- School Capacity Reservation Certificate (SCRC) Application\$707.00
 - ⊕ CEL Projects (Residential) Reserving Transportation & School Capacity **OR** Residential CEL Projects Reserving School Capacity Only

(Checks payable to: Orange County Board of County Commissioners)

Please Note: This Application fee is non-refundable



TCRC and /or SCRC Application Number (Issued by Orange 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: PROJECT INFORMATION

Project Name: _____

Parcel Identification Number(s): _____

Total Units to Reserve and Use Type? _____

Type of Reservation Certificate Requested? *Flexible _____ **Fixed _____

***If Flexible, check(s) representing the total TCRC &/or SCRC payment(s) must be submitted with this application.
If Fixed, please indicate the number units or square footage in the TCRC &/or SCRC Payment Schedule below.

SECTION 3: FIXED TCRC &/OR SCRC PAYMENT SCHEDULE (IF APPLICABLE)

TCRC Year 1: (Units/Sq. Ft.) _____ TCRC 1st Year PMT: _____

TCRC Year 2: (Units/Sq. Ft.) _____ TCRC 2nd Year PMT: _____

TCRC Year 3: (Units/Sq. Ft.) _____ TCRC 3rd Year PMT: _____

SCRC Year 1: (Units/Sq. Ft.) _____ SCRC 1st Year PMT: _____

SCRC Year 2: (Units/Sq. Ft.) _____ SCRC 2nd Year PMT: _____

SCRC Year 3: (Units/Sq. Ft.) _____ SCRC 3rd Year PMT: _____

***Please Note: Installments must equate to approximately one-third of the projects total capacity.
The higher capacity payment will be collected in the 1st TCRC &/or SCRC year.***

SECTION 4: PROPOSED DEVELOPMENT/CONSTRUCTION

Proposed land use must be consistent with the corresponding impact fee category.

NON-RESIDENTIAL DEVELOPMENT:

<u>Non-Residential Land Use</u> (Example: Retail, Office, Warehouse, etc.)	<u>Non-Residential Sq. Ft.</u> (Example: 1,000 Sq. Ft.)
1.	1.
2.	2.
3.	3.
4.	4.

RESIDENTIAL DEVELOPMENT:

Single-Family: _____ Units Mobile Homes: _____ Units Townhomes: _____ Units

Apartments: _____ Units Condominiums: _____ Units Other: _____

SINGLE FAMILY IMPACT FEE TIER BREAKDOWN:

Number of Units in Each Transportation Tier:

1,200 Sq. Ft. or Less _____ 1,201 to 2,000 Sq. Ft. _____ 2,001 to 3,500 Sq. Ft. _____ Greater Than 3,500 Sq. Ft. _____

Number of Units in Each School Tier:

Less Than 2,000 Sq. Ft. _____ 2,000 to 2,499 Sq. Ft. _____ 2,500 to 2,999 Sq. Ft. _____
3,000 to 3,999 Sq. Ft. _____ 4,000 Sq. Ft. or Greater _____

ADDITIONAL INFORMATION:



SECTION 5: AFFIDAVIT OF UNDERSTANDING

My signature on this Application as owner or authorized agent indicates acknowledgement of the following:

1. I understand that a Transportation &/or School Capacity Reservation Certificate does not guarantee water and wastewater services until such services are obtained from the proper utilities provider and are 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.
2. I understand the prepaid Transportation &/or School Reservation Fees will not be transferred automatically to your building permits. A notarized assignment from the owner or authorized agent is required no later than 48 hours prior to building permit issuance. Failure to submit the assignment in its original format to the Concurrency Management Office may result in a delay of the building permit issuance.
3. I understand that any change of ownership will require a notarized assignment from the original account owner and submitted to the Concurrency Management Office in its original format. In addition, a formal letter detailing the sale transaction as it relates to the concurrency entitlements under the reservation account and the prepaid Transportation &/or School Reservation Fees. A copy of the recorded deed will also be required.
4. This Application must be submitted to the Concurrency Management Office in its original format with original signatures. Copies & electronic signatures will not be accepted.

REFUND POLICY:

Unused Transportation Reservation Fees can be refunded at 90%. A written request must be submitted by the account owner, accompanied with a refund affidavit. Refunds will be issued to the owner/entity that made the reservation payments to Orange County. If ownership was transferred, then a notarized assignment releasing the funds to the new owner must be submitted with the refund request & affidavit. Unused School Reservation Fees are most often non-refundable but can be transferred to another residential project. Please contact Orange County School Board (OCPS) for detailed information.

APPLICANT'S SIGNATURE: _____ **Date:** _____

Printed Name: _____ **Title:** _____

Mailing Address
Planning, Environmental, & Development Services Department
Concurrency Management Office
Post Office Box 1393
Orlando, Florida 32802-1393
Phone: 407-836-5617



AGENT AUTHORIZATION FORM FOR TRANSPORTATION AND/OR SCHOOL CAPACITY RESERVATION CERTIFICATE APPLICATION

I, _____, as the property owner of the property described below, hereby give my authorization for _____, to act as my agent for the purpose of applying for Transportation &/or School Capacity Reservation Certificate application and handling any business pertaining to this account.

Legal Description:

Signature of Property Owner

Date

Print Name and Title of Property Owner

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
or Authorized Agent (*Check One*)

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 _____

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: _____