

**COUNTY OF VOLUSIA  
LAND DEVELOPMENT OFFICE  
CONCURRENCY CERTIFICATE OF CAPACITY/INQUIRY**



Mail or hand deliver the completed application to:  
Thomas C. Kelly Administration Center, County of Volusia, Land Development Office  
123 W. Indiana Avenue, Room 202, DeLand, Florida 32720-4604

DeLand 386-736-5942, Daytona Beach 386-248-8157, New Smyrna Beach 386-423-3872  
Fax 386-740-5136

**TYPE OF APPLICATION**

PRELIMINARY APPLICATION

Zoning:  PUD  Rezoning  Special Exception

Subdivision Plan:  Sketch Plan  Overall Development Plan

STANDARD APPLICATION

Subdivision Plat:  Preliminary  Final

Site Plan:  Final

**PROJECT INFORMATION**

PROJECT NAME: \_\_\_\_\_

INTENDED USE: \_\_\_\_\_

ITE LAND USE CLASSIFICATION: \_\_\_\_\_

TAX PARCEL NUMBER(S): \_\_\_\_\_

**ZONING AUTHORIZATION**

Required prior to submitting the Application for Plan Review - DeLand Zoning Office, Room 205

CURRENT ZONING: \_\_\_\_\_ FUTURE LAND USE: \_\_\_\_\_ IN ECO? \_\_\_\_\_  
Yes/No

The development is consistent with the Comprehensive Plan and is properly zoned for the intended use.

NONCONFORMING LOT LETTER REQUIRED:  YES  NO SUBMITTED:  YES  NO

PENDING OR APPROVED ZONING/PLAN AMENDMENT:  YES  NO CASE NUMBER: \_\_\_\_\_

ZONING AUTHORITY: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**\*\*\*\*STAFF USE ONLY\*\*\*\***

PROJECT NAME: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

RSN: \_\_\_\_\_

**APPLICANT INFORMATION**

NAME:

COMPANY:

ADDRESS:

CITY:  STATE:  ZIP CODE:

PHONE:  EXT:  FAX:  EMAIL:

**OWNER INFORMATION**

NAME:

COMPANY:

ADDRESS:

CITY:  STATE:  ZIP CODE:

PHONE:  EXT:  FAX:  EMAIL:

**One original hard copy and a digital copy in PDF on disk is required for each of the following plans/documents**

- Vicinity map at a scale of 1" = 2,000' or other scale approved by the Land Development Manager which shows the general perimeter of the development and locates the main entrance of the development and access to public roads.
- The appropriate land use classification(s) in the most recent edition of the "Institute of Transportation Engineers Trip Generation Manual". Call (386) 736-5968, ext. 12707, if you need assistance.

Will this development be phased?  Yes  No

| Phase:                               | 1                    | 2                    | 3                    | 4                    |
|--------------------------------------|----------------------|----------------------|----------------------|----------------------|
| 1st C/O in Phase (Mo/Yr)             | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last C/O in Phase (Mo/Yr)            | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Acreage in Phase:              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Dwelling Units/Lots in Phase:        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Commercial/Ind. Floor Area in Phase: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1: Use:                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2: Use:                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3: Use:                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**BY SIGNING BELOW, YOU ACKNOWLEDGE THE REQUIREMENT FOR THE COMPLETE APPLICATION SUBMISSION AND ALL FEES TO BE RECEIVED IN THIS OFFICE. ADDITIONAL FEES MAY BE ASSESSED DURING THE APPLICATION REVIEW PROCESS AND SHALL BE PAID PRIOR TO ISSUANCE OF THE DEVELOPMENT PERMIT. APPLICATIONS DETERMINED TO BE INCOMPLETE MAY BE RETURNED TO THE APPLICANT PRIOR TO ACCEPTANCE, OR FINAL APPROVAL MAY BE DELAYED.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE:

If you are not the property owner, you must have the owner complete the attached "Owner Authorization Form"

**\*\*\*\*STAFF USE ONLY\*\*\*\***

PROJECT NAME: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ RSN: \_\_\_\_\_



**NOTARIZED AUTHORIZATION OF OWNER**

I/We,

\_\_\_\_\_

PRINT OWNER'S NAME

as the sole or joint fee simple title holders(s) of the property described (or referenced) as:

\_\_\_\_\_

TAX PARCEL AND/OR LEGAL DESCRIPTION

authorize

\_\_\_\_\_

to act as my agent

(PRINT AGENT'S NAME)

to seek

\_\_\_\_\_

on the above property

(TYPE OF APPLICATION)

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
(DATE)

by \_\_\_\_\_,  who is/are personally  
(OWNER(S))

known to me or  who has/have produced \_\_\_\_\_ as  
identification and who did not take an oath. (TYPE OF IDENTIFICATION)

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_

Type or Print Name:

\_\_\_\_\_  
Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*\*\*\*STAFF USE ONLY\*\*\*\***

**PROJECT NAME:** \_\_\_\_\_

**APPLICATION NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**RSN:** \_\_\_\_\_