



Office of Planning and Zoning

Application for Capacity Reservation Certificate

Internal Use Only:

Application Request Number: _____ Project Number: _____

For those developments that (1) are not subject to a Vested Rights Determination or (2) exceed De Minimis thresholds as outlined in the Lake County Land Development Regulations, Chapter 5.

Items to include:

Packet items:

- A copy of the valid Capacity Encumbrance Letter
- Site Design Information, if applicable
- Warranty deed for each parcel included on this application
(<http://www.lakecountyclerk.org>)
- Property record card for each parcel included on this application (<http://www.lakecopropappr.com/>)

Application Fee: made payable to "Lake County Board of County Commissioners"

- \$165.00 (non-refundable)
- Capacity reservation fee (equivalent to the estimated applicable impact fees). Please contact Development Processing at (352) 343-9855 for an estimate.

Application and Owner Information:

An Owner's affidavit must be submitted if the applicant is different from the property owner.

Application Date: _____

Building Permit Number (If Available): _____

Applicant: _____ Phone Number: _____

Contact Person: _____ Additional Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Application Request Number (*From Encumbrance Letter*): _____

Project Number (*Assigned by County*): _____

Property Information (please attach a locator map):

Project Name: _____

Alternate Key No.: _____ Total Acreage: _____

Future Land Use Designation: _____

Existing use of the subject property: _____

Proposed land uses: _____

Square footage: _____ Number of Units: _____

Will this project be phased (if yes, please provide number of units/sq. ft for each phase)? Yes No

Phase I: No. of Units: _____ Sq. ft.: _____ Allocation of capacity: _____

Phase II: No. of Units: _____ Sq. ft.: _____ Allocation of capacity: _____

Phase III: No. of Units: _____ Sq. ft.: _____ Allocation of capacity: _____

Name of DRI, PUD, office park, if applicable: _____

Capacity Information:

Applicant Name: _____ Title: _____

Applicant Signature: _____ Date: _____

Mailing Address: Office of Planning and Zoning
PO BOX 7800, Suite 510
Tavares, FL 32778