



Lake County School District School Concurrency Application & Service Provider Form

Growth Planning Dept.
201 West Burleigh
Blvd.
Tavares, FL 32778
(352) 253-6690
Fax: (352) 253-6691

Instructions: Submit one copy of the completed application and applicable fee(s) for each new residential project requiring a concurrency determination of school capacity. A determination will be provided within thirty (30) working days of receipt of a complete application. A determination is not transferable and is valid for one year from date of issuance. Once the Development Order is issued, the concurrency determination shall be valid for the life of the Development Order upon verification of a final development order.

Please check (✓) type of application (one only):

Concurrency Capacity Reservation (site plan, subdivision, plat) Exemption Amendment Equivalency
 Adequate School Facilities Determination (Comp Plan, Zoning) Letter of No Impact Time Extension

Fees: Concurrency Capacity Reservation ≤ 90 DU (\$800) ≥ 91 DU (**\$1000**);
 Adequate School Facilities Determination (\$500)
 Amendment (\$500); Equivalency (\$500); Time Extension (\$300)

PART 1: PROJECT INFORMATION

Include a copy of the site/subdivision plan, last recorded warranty deed and consent form or agent authorization

Project Name: (please include AKA's) Mission Rise
Municipality: Howey in the Hills
Parcel Identification Number (PIN): 27-20-25-0004-000-01200, 34-20-25-0001-000-00100, 34-20-25-0004-000-01003, and 02-21-25-0002-000-04800
Alternate Keys:
Location / Address Of Subject Property: Revels Rd / Silverwood Ln / 9842 Number Two Rd Howey in the Hills FL, 34737

DEVELOPMENT REQUEST:

Project Data	Type and Number of Units
Recently Annexed: Y or N No	Single Family X
Project Acreage: 241.3 +/- acres	Multi-Family
Total Number of Units: 409	Mobile Home
Will the Project be Phased? ¹ (Y/N): Yes	Age Restricted (Adults Only) ²
Concurrency Service Area (CSA):	

¹ If applicable, please attach a Phasing Plan showing the number and type of units to receive certificate of occupancy yearly.

² A Restrictive Covenant is required for age-restricted communities.

OWNERSHIP/AGENT INFORMATION: NOTE: if an agent, please include an agent authorization/consent form

Owner's Name: ASF TAP FL I LLC
Agent's Name: Jason Humm
Mailing Address: 3565 Piedmont Rd NE Bldg. One, #200 Atlanta, GA 30305
Telephone Number: 630.816.7002 Fax Number:
Contact Email Address: jhumm@turnstonegroup.com

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

Owner/Agent Signature:	Date: 2/19/2025
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PART 2: TO BE COMPLETED BY LOCAL GOVERNMENT REVIEW

Date Application Filed:	Petition/Project Number:
Reviewed By:	Reviewers Title:

Government Representative Signature:	Date:
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PART 3: TO BE COMPLETED BY SCHOOL DISTRICT

Date & Time Received:	Case Number:
I verify that the project complies with the adopted Level of Service (LOS) for Schools	I verify that the project will comply with the adopted Level of Service (LOS) for Schools subject to the attached conditions
I cannot verify that the project will comply with the adopted Level of Service (LOS) for Schools	Payment Received:
District Representative:	Date: