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):
[X] 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) Thompson Groves
Municipality: Howey in the Hills
Parcel Identification Number (PIN): 23-20-25-0004-000-00800, 24-20-25-0003-000-00600, & 24-20-25-0003-000-00601
Alternate Keys: 3692756, 1301912, & 1209081
Location / Address Of Subject Property: NE corner of CR 48 and SR 19

DEVELOPMENT REQUEST:

Project Data	Type and Number of Units
Recently Annexed: Y or (N)	Single Family 273 Units
Project Acreage: 88.86	Multi-Family
Total Number of Units: 273	Mobile Home
Will the Project be Phased?[1](Y/N): Y	Age Restricted (Adults Only)[2]
Concurrency Service Area (CSA): 10	

[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: Patricia Thompson
Agent's Name: Stephen Feccia
Mailing Address: 9102 Southpark Center Loop, Suite 100, Orlando, FL 32819
Telephone Number: 407-587-3404 Fax Number:
Contact Email Address: smfeccia@kbhome.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:**

PART 2: TO BE COMPLETED BY LOCAL GOVERNMENT REVIEW

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

Government Representative Signature:	**Date:**

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:**

Form revised 10/2/2017