

**APPLICATION FOR CONCURRENCY EVALUATION**  
**Levy County, Florida**

This application, together with ALL REQUIRED ATTACHMENTS, shall be completed and filed with the Development Department prior to or concurrent with making application for any development, development order or development permit (herein “development permit”). The fee required with this application is \$50 (for small projects generating 1 to 200 average daily trips); or \$250 (for projects generating greater than 200 average daily trips), plus any additional fees incurred by the County for review by professional consultants.

Date: \_\_\_\_\_ Project Name: \_\_\_\_\_

Type of Development Permit being applied for (e.g. building permit, preliminary or final subdivision plat, rezoning, special exception, etc.): \_\_\_\_\_

New Construction or Redevelopment? (Check one)

New construction \_\_\_\_\_ Redevelopment \_\_\_\_\_ Both \_\_\_\_\_

**OWNERSHIP**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone No. \_\_\_\_\_

2. **AGENT (IF APPLICABLE)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Phone No. \_\_\_\_\_

3. **PROPERTY IDENTIFICATION**

Site Address and Adjacent Roads (attach 8 ½ x 11 map): \_\_\_\_\_

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**Tax Parcel Number, including Section, Township and Range:** \_\_\_\_\_

**4. DEVELOPMENT INFORMATION**

Present or previous use of property (*include square footage for non-residential uses or number of dwelling units for residential uses*) :

Subdivision name (if applicable): \_\_\_\_\_

Is this project (phase) part of a larger project? \_\_\_ yes      \_\_\_no

Please provide the below information for each phase (*if this is a single phase project, please fill out the first line*)

**Residential**

Type	Phase	Number of Dwelling Units or Lots	Acres	Expected beginning date	Expected completion date
Single-family, detached					
Single-family, attached					
Multi-family					
Condominium					
Other (specify)					

**Non-Residential**

Types(s) Specify	Phase	Square Footage	Acres	Expected beginning date	Expected completion date

**STATEMENT OF IMPACT ON LEVELS OF SERVICE  
TRAFFIC**

1. Identify any existing roads which provide direct access to the parcel to be developed. Indicate whether the road is paved or unpaved:

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2. Provide the existing traffic count for all paved road segments within 1/4 mile. **Submit the attached form** to the Levy County Road Department for completion or provide the information within a traffic study, if required.

3. Provide the **average daily** and **peak hour** trips to be generated (by phase for the project), using the trip generation rate(s) for the appropriate land use(s), as contained in the most recent edition of the ITE Trip Generation Manual (*see attached for common land use trip generation rates*). **Submit to the Levy County Road Department along with attached form.**

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**4. Projects generating equal to or greater than 200 average daily trips, or projects that will impact more than 5% of the maximum service volume for an impacted road segment, shall provide a traffic study examining all roadway segments wholly or partially within ½ mile of the project entrance/exits, or to the nearest intersecting roadway, whichever is greater.**

**POTABLE WATER**

*(check applicable category and provide required information)*

1.  Water distribution and treatment provided by a municipality, special district or other entity  
Name of provider: \_\_\_\_\_

**Please provide a letter verifying capacity from the service provider for each development phase**

2.  Privately owned and operated potable water distribution system and treatment plant

**Please attach the name of the civil engineer or firm responsible for the design of the potable water distribution system and treatment plant, the capacity of the system in gallons per day, and the amount of potable water use for the project based on the County's level of service of 150 gallons per capita per day.**

3.  Individual well

**Note:** *FS 381.0065(4) lots served by a private well may be as small as one half acre. The permitting of the installation and use of individual wells is not regulated by the Levy County Health Department*

**SANITARY SEWER**

*(check applicable category and provide required information)*

1.  Central sewage collection and treatment provided by a municipality, special district or other entity.

Name of provider: \_\_\_\_\_

**Please provide a letter verifying capacity from the service provider for each development phase.**

2.  Privately owned and operated package treatment plant

**Please attach the name of the civil engineer or firm responsible for the design capacity of the package treatment plant, the capacity of the system in gallons per day, and the amount of use for the project based on the County's level of service of 100 gallons per capita per day.**

3.  On-site sewage treatment and disposal system

**Note:** Based on the lot size, this subdivision is eligible for onsite sewage permits.

4.  Advanced secondary treatment on-site sewage treatment and disposal system

**Please attach the name of the civil engineer or firm responsible for the design capacity of the advanced secondary treatment system and the capacity of the system in gallons per day.**

**STORMWATER MANAGEMENT**

The proposed project lies within the jurisdiction of the:

<input type="checkbox"/> Suwannee River Water Management District	<input type="checkbox"/> Southwest Florida Water Management District
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The project construction plans:

**have been** approved by the appropriate water management district (*attach ERP*)

**have not been** approved by the appropriate water management district

are exempt from water management district requirements (*attach letter*)

**SOLID WASTE**

Estimate the daily generation of solid waste:

a) *Residential*: # \_\_\_\_\_ units x 2.43 persons per household = \_\_\_\_\_ x 2.8 lbs. = \_\_\_\_\_

b) *Non-residential*: Estimate based on the type and intensity of the specific use. *Attach documentation of the assumption and calculations in determining the estimated generation rate.*

**RECREATION**

Determine recreation demand by using the following formulas (*residential use only*)

a) Public parks and recreation:

\_\_\_\_\_ Residential units x 2.43 persons per households divided by 1,000 x 2 acres = \_\_\_\_\_ acres of demand.

b) Open Space

\_\_\_\_\_ Residential units x 2.43 persons per household divided by 1,000 x 100 acres = \_\_\_\_\_ acres if demand.

Itemize proposed recreational facilities and/or acreage to be provided by applicant, if any:

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Identify name of nearest Levy County or state owned and operated park or recreational facility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Certification

The undersigned has read the above application and is familiar with the information submitted herein. It is agreed and understood that the undersigned will be held responsible for its accuracy.

Signatures of all owners or their agent are required on this form. Signatures by other than the owner(s) will be accepted with notarized proof of authorization by the owner(s).

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

Sworn to and authorized before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Signature- Notary Public

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

**Road Capacity Analysis  
STAFF USE**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Applicant: \_\_\_\_\_

**County Roads**

*(To be completed by the Levy County Road Department)*

Roadway Segment	Daily count	LOS Std.	ADT	Total additional trips created by project	Total traffic with impact created by amendment	Maximum volume for adopted level of service C	LOS with impact from project
		C					
		C					
		C					
		C					

**State Roads (see FDOT Annual Report)**

Roadway Segment	Avg. annual daily traffic counts	LOS Std.	ADT	Total additional trips created by project	Total traffic with impact created by amendment	Maximum volume for adopted level of service C	Level of service with impact from project

Does this project impact more than 5% of the maximum service volume for an impacted road segment? Yes \_\_\_\_\_ No \_\_\_\_\_

