

Capacity Reservation Application

39a

FOR STAFF USE ONLY

Project Name: _____

Concurrency Permit No: _____ Receipt No: _____

Applicant: _____

Mailing address _____ City _____ State _____ Zip _____

Phone (____) _____ FAX (____) _____ E-Mail: _____

Property Owner: _____

Mailing address _____ City _____ State _____ Zip _____

Phone (____) _____ FAX (____) _____ E-Mail: _____

Property Information:

Site address _____ Assessors parcel number(s) _____

plat name/lot # _____ size of property _____

legal description (attach separate sheet if necessary) _____

List all other permits associated with this application:

Permit Number: _____ - _____ ; _____ - _____ ;

Permit Number: _____ - _____ ; _____ - _____ ;

Permit Number: _____ - _____ ; _____ - _____ ;

Permit Number: _____ - _____ ; _____ - _____ ;

Existing use of property (attach separate sheet if necessary) _____

Existing number of PM peak hour trips _____

Approved Use(s): _____

Number of new PM peak hour trips _____



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Reservation Period Approved: 180 days

Phasing Information: will project be phased? yes no

Phase	Use	Size	PM Trips	Date

Permit Submittal: The following items are required for all applications:

- Completed Capacity Reservation Application
- Copy of valid Concurrency Encumbrance Letter
- Affidavit of ownership or affidavit of consent of all owners of the affected property
- Legal Description of property
- One set of preliminary site plans with descriptions of the proposed development

Transportation Impact Fee Due:

Total Impact Fee\$ _____
 Plus Administrative Fee (3% of impact fee)\$ _____
 Total Amount Due (upon issuance of building permit)\$ _____

Inspection: I hereby authorize City representative(s) to inspect my property Monday - Friday between the hours of 8:00 am and 5:00 pm during this certificate application process for purposes of verifying site conditions.

 Owner or Authorized Representative Signature

 Date

