

TIMING & PHASING APPLICATION

Application No. _____ (County Will Assign No.)

Date of Application: _____

It shall be the responsibility of the petitioner, or his/her legal agent of record, to provide all the information required below or any other information which is reasonable and relevant to the formulation of a recommendation to the request being considered.

This application shall not be deemed complete until all required information is provided.

Owner's Name(s): _____

Mailing Address: _____

City: _____, State: _____ Zip Code: _____

Telephone No.: _____

E-mail: _____

Agent's Name: _____

Mailing Address: _____

City: _____, State: _____ Zip Code: _____

Telephone No.: _____

E-mail: _____

Transportation Consultant's Name: _____

Contact Person: _____

Mailing Address _____

City: _____, State: _____ Zip Code: _____

Telephone No.: _____

E-mail: _____

Contact Person's E-mail: _____

Parcel Description (Subdivision Name, if applicable): _____

Parcel ID No(s): _____

Attach the following items to this application (if **ALL** items are not received, the application will be deemed incomplete and the package will be returned):

- Location map.
- Concept plan showing proposed access points to property and surrounding roadway network.
- Notarized Agent of Record Letter, if applicable (see attached).

Please check the type of application being requested:

	New Plan	Substantial Amendment of Previously Approved
Rezoning to Master Planned Unit Development	_____	_____
Rezoning (other)	_____	_____
Development of Regional Impact	_____	_____
Future Land Use Map Amendment (Conflict Zoning)	_____	_____
Operating Permits	_____	_____

This Application is only required for the above listed application types.

NOTE: Initial County staff receipt or acceptance of this application to determine exemption shall not be deemed a final determination by the County. At any time up to and including final approval of the development by the DRC or Board of County Commissioners, the County may determine that the exemption is not applicable and such determination shall require payment of the applicable fees. Accordingly, the applicant should provide accurate information to help avoid delays in the review process.

The owner/agent will be responsible for additional fees for appeals and other services.

OWNER'S/REPRESENTATIVE'S SIGNATURE

OWNER'S/REPRESENTATIVE'S NAME (PLEASE PRINT)

OFFICIAL USE ONLY

Application Name and No. _____

Application Received Date: _____ Application Accepted Date: _____

Application Rejected Date: _____ Application Returned to: _____

Reason: _____

Review Consultant: _____

Contact Person: _____

Telephone No.: _____ E-mail: _____

Comments:

**TIMING & PHASING
DETERMINATION QUESTIONNAIRE**

NOTE: If the question does not apply, state N/A.

1. What is the existing Zoning designation?

2. Is there an existing structure on the subject parcel? If so, what is the square footage and use?

3. What is the proposed Zoning designation?

4. Please provide the total proposed development entitlements; i.e., number of residential units, square footage of commercial, number of rooms for lodging, etc. Refer to the attached Exhibits A for description of land uses.

5. Is this development proposing to utilize any entitlements related to a "Transfer of Development Rights" (TDR)?

6. Has this project been subject to Timing & Phasing analysis previously conducted as part of a rezoning? If yes, please provide a copy of this analysis and any associated conditions of approval.

7. Does the request involve removing / amending existing conditions as it relates to Timing & Phasing of an improvement (previously referred to as a traffic impact study)?

8. If this an amendment to a DRI (Development of Regional Impact) or a Rezoning, including Master Planned Unit Development (MPUD), then does this project propose to increase the Density, Intensity or otherwise revise entitlements? If yes, please provide the amount of increase in entitlements, using the Land Use Categories listed in Exhibit A.

Use this space for any additional information:

NOTE: If the applicant elects to do the Timing & Phasing analysis, then the applicant(s) shall ensure that their consultant does not prepare a Timing & Phasing analysis without an approved methodology statement signed by the County and/or appropriate County consultant.

TIMING & PHASING FEE SCHEDULE

Application Review/Exemption Determination	\$500
Includes review of submitted application, including determination of highest trip generating use, conducting trip generation analysis, comparison of existing and future uses, and documentation of exemption as applicable.	
Technology Review Fee	\$ 25
County Completes Analysis	
Methodology plus \$25 Technology Fee	
Includes scheduling and attendance of methodology meeting for projects 10 acres or greater, and preparation of methodology statement	
Special Exception/Conditional Use Projects (regardless of size)	\$0
Projects < 10 Gross Acres	\$600
Projects 10 to 200 Gross Acres	\$1,500
Projects > 200 Gross Acres	\$2,000
Conduct Analysis	
Includes field visit to the site, trip generation, distribution and assignment of traffic, research of committed improvements, review of traffic counts, determination of traffic growth rate, conducting capacity analysis, and review of site circulation. For projects 10 acres or greater, this fee includes one meeting to discuss the results of the analysis and attendance at the public hearing(s) if necessary. (Note: traffic counts and additional meetings are subject to the fees outline below).	
Projects < 10 Gross Acres	\$3,000
Projects 10 to 200 Gross Acres	\$12,000
Projects > 200 Gross Acres	\$20,000
Each Additional Meeting, if requested by the Applicant	\$250
Traffic Counts (if done by the County)	TBD based on costs incurred
URBEMIS Model	
If Applicant chooses to use the URBEMIS Model to meet MUTRM.	
Projects < 10 Gross Acres	\$1,500
Projects 10 to 200 Gross Acres	\$6,000
Projects > 200 Gross Acres	\$10,000
Applicant's Consultant completes analysis - County Review	
Methodology - Plus \$25 Technology Fee	
Includes scheduling and attendance of methodology meeting for projects 10 acres or greater, and review of methodology statement.	
Special Exception/Conditional Use Projects (regardless of size)	\$0
Projects < 10 Gross Acres	\$500
Projects 10 to 200 Gross Acres	\$1,000
Projects > 200 Gross Acres	\$1,500
Analysis Review	
Includes a field visit to the site, confirmation of trip generation, distribution, and assignment, confirmation of committed improvements, review of traffic volume data collected/assembled, review of traffic growth analysis, review of off-site roadway operations and capacity analysis, and review of site circulation. For projects 10 acres or greater, this fee includes one meeting to discuss the results of the analysis and attendance at the public hearing(s) if necessary. (Note: additional meetings and review of comments/conditions of approval are subject to the fees outline below).	
Projects < 10 Gross Acres	\$2,000
Projects 10 to 200 Gross Acres	\$5,000
Projects > 200 Gross Acres	\$7,500
Each Additional Meeting, if requested by the Applicant	\$250

**AGENT OF RECORD LETTER
(INDIVIDUAL)**

TO THE PASCO COUNTY GROWTH MANAGEMENT DEPARTMENT AND THE PASCO COUNTY BOARD OF COUNTY COMMISSIONERS:

I/we, _____, hereby designate and appoint _____ as my Agent of Record for the purpose of representing me during the Transportation Impact Study application process.

My Agent of Record is hereby vested with authority to make any representations, agreements, or promises which are necessary or desirable in conjunction with the process. My Agent of Record is also authorized to accept or reject any conditions imposed by any reviewing board or entity.

Dated this _____ day of _____, _____.

APPLICANT'S/OWNER'S SIGNATURE

APPLICANT'S REPRESENTATIVE SIGNATURE

PRINTED NAME OF APPLICANT/OWNER

PRINTED NAME OF REPRESENTATIVE

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

STATE OF FLORIDA
COUNTY OF PASCO

The foregoing _____ (type of document), dated _____, _____, was acknowledged before me this _____ day of _____, _____, by _____ is personally known to me or who has produced _____ (insert type of identification) as identification.

Seal:

NOTARY PUBLIC OF THE STATE OF FLORIDA

Printed Name

My Commission Expires:

NOTE: If an Agent of Record is to be designated, all property owners of the subject property must sign this form.

**AGENT OF RECORD LETTER
(CORPORATION)**

TO THE PASCO COUNTY GROWTH MANAGEMENT DEPARTMENT AND THE PASCO COUNTY BOARD OF COUNTY COMMISSIONERS:

I/we, _____, hereby designate and appoint _____ as my/our Agent of Record for the purpose of representing me/us during the Transportation Impact Study application process.

My/our Agent of Record is hereby vested with authority to make any representations, agreements, or promises which are necessary or desirable in conjunction with the process. My/Our Agent of Record is also authorized to accept or reject any conditions imposed by any reviewing board or entity.

Dated this _____ day of _____, _____.

APPLICANT(S)/OWNER(S) SIGNATURE

APPLICANT(S)/OWNER(S) SIGNATURE

PRINTED NAME OF APPLICANT(S)/OWNER(S)

PRINTED NAME OF APPLICANT(S)/OWNER(S)

APPLICANT(S) REPRESENTATIVE SIGNATURE

PRINTED NAME OF REPRESENTATIVE

ADDRESS

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

STATE OF FLORIDA
COUNTY OF PASCO

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____ (name of officer or agent, title of officer or agent acknowledging) of _____ (corporation, limited partnership, etc.) on behalf of the corporation. He/she is personally known to me or who has produced _____ (type of identification) as identification.

Seal:

NOTARY

NOTE: If an Agent of Record is to be designated, all property owners of the subject property must sign this form.