



**INSTRUCTIONS FOR FILLING OUT APPLICATION  
FOR CONCURRENCY ANALYSIS, POTABLE WATER,  
RECLAIMED WATER AND / OR WASTEWATER SERVICE**

APPLICATION MUST BE TYPED OR HAND LETTERED IN INK AND SUBMITTED WITH A REVIEW FEE OF \$450.00 FOR UTILITY SERVICE. THE APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETED AND THIS FEE ACCOMPANIES IT. IF APPLICATION IS FOR UTILITY SERVICE FOR AN EXISTING DEVELOPMENT (NO NEW CONSTRUCTION), ONLY THE APPLICABLE POTABLE WATER, RECLAIMED WATER, AND/OR WASTEWATER SERVICE INFORMATION NEEDS TO BE FILLED OUT AND ACCOMPANIED WITH THE \$450.00 FEE AND A VICINITY MAP.

- Lines 1 thru 8: Fill in full name, address, phone number and e-mail address of the applicant and owner(s) of record. This information is **Required**  
Evidence of ownership must be submitted upon request.
- Line 9 thru 12: Fill in all applicable information pertaining to project name, location, parcel/folio number(s), and existing zoning classification. If not known, existing zoning classification may be obtained by visiting the Development Services Division on the 19th floor of the County Center, or any of the Satellite Offices. You may obtain the location of the satellite offices by calling (813) 272-5920.
- Line 13: Provide actual number of residential units (single or multi-family) and/or the total number of square feet of commercial or industrial development (building size) for which the application applies.
- NOTE:** IF APPLICATION IS FOR POTABLE WATER, RECLAIMED WATER, AND/OR WASTEWATER SERVICE ONLY, FOR AN EXISTING PROJECT, INCLUDE A VICINITY MAP, DRAWN TO 1" = 200' SCALE (8-1/2" BY 11" PAPER).
- Line 14: Provide description of project.
- Line 15: Provide information of all existing development on the project site.
- Line 16: Provide tentative construction schedule.
- Line 17: Provide required stormwater information on project site plan. Fill in blanks where required on application.
- Lines 18 and 19: Provide stormwater design criteria and management area.
- Line 20: Circle project type(s).

Line 21: Potable Water, Reclaimed Water, and/or Wastewater Requirements.

Average Daily Flow (ADF) Calculations - Flow Estimating Factors

	Single Family Residential	Master Metered Residential	Commercial
Potable Water	300 GPD	150 GPD	See Table 1 (in attached Rate Resolution)
Wastewater	200 GPD	140 GPD	See Table 1 (in attached Rate Resolution)
Reclaimed Water	Avg Lot Size* x 0.058	Irrigable Area* x 0.089	Irrigable area* x 0.089 or actual demand

\*Lot Size / Area in Square Feet

Calculation: Total ADF = Flow Estimating Factor x Number of Units

Peak Demand Calculations

	Single Family Residential	Master Metered Residential	Commercial
Potable Water	Water and Wastewater Technical Manual	<i>Fixture Value Total</i> and either Chart 1 or 2	<i>Fixture Value Total</i> and either Chart 1 or 2
Wastewater	Water and Wastewater Technical Manual	Water and Wastewater Technical Manual	Water and Wastewater Technical Manual
Reclaimed Water	ADF x 4.7	ADF x 4.7	See Reclaimed Water Planning Team

*Reclaimed Water Credits* - Developers considering installing reclaimed water distribution systems in residential subdivisions may qualify for Capacity Fee Credits. Contact the Reclaimed Water Planning Team for qualification criteria and procedures. If interested, check space preceding *Applying for Reclaimed Water Capacity Fee Credits*.

*Explain Basis of flow calculation:* For example, 4,000-sq ft. Retail Store x 10 GPD per 100 sq. ft. = 400 GPD; 140-room Motel x 100 GPD per room = 14,000 GPD; 300-seat Church x 3 GPD per seat = 900 GPD. Use the space provided or attach additional sheet if necessary.

For commercial class customers, metered water-use data from similar establishments may be considered in lieu of the estimating flow factors found in Table 1. Table 1, page 5, footnote (1) outlines the submission requirements and process. Please note that water-use data must be submitted prior to construction plan approval in order to be considered.

Line 22: Special potable water uses include any consumption of water that does not generate a wastewater flow (for example, irrigation, process, or cooling). Indicate if separate meter is required.

Line 23: Project phasing information.

Line 24: Information for service providers if other than Hillsborough County.

Line 25: Water Meter(s) information.

Lines 26 thru 29: Transportation impact information. (Please consult with Transportation Planning Section staff if assistance or information is needed).



**CONCURRENCY & UTILITY SERVICE APPLICATION  
DETERMINATION OF FACILITIES CAPACITY**

Please print and fill in completely and accurately. Failure to do so may result in the RETURN & REJECTION of the application.  
Use additional paper (signed & attached) whenever necessary.

**ENTER N/A IF ITEM IS NOT APPLICABLE TO YOUR PROJECT**

**APPLICANT INFORMATION**

Owner, Agent and Developer: Include the name, address and phone number of the owner, agent, and developer:

1. \_\_\_\_\_  
Designated Applicant/Representative

5. \_\_\_\_\_  
Owner's Name

2. \_\_\_\_\_  
Mailing Address

6. \_\_\_\_\_  
Owner's Address

3. \_\_\_\_\_  
City State Zip Code

7. \_\_\_\_\_  
City State Zip Code

4. \_\_\_\_\_  
Telephone

8. \_\_\_\_\_  
Telephone

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**PROJECT INFORMATION / GENERAL**

9. Project Name: Include the current name of the proposed project (subdivision if applicable) and any previous names the project has been Also Known As (A.K.A.):

\_\_\_\_\_

AKA: \_\_\_\_\_

10. \_\_\_\_\_  
Parcel(s) Folio Number(s)

11. \_\_\_\_\_  
Section, Township, and Range

12. \_\_\_\_\_  
Existing Zoning Classification(s)

13. Number of Residential Units:  
Duplex units: \_\_\_\_\_ Single units: \_\_\_\_\_  
Multi-family units: \_\_\_\_\_

Square Footage  
Industrial: \_\_\_\_\_ Commercial: \_\_\_\_\_

14. Project Description; please provide a brief narrative. Also provide any additional information or comments that you want to be considered in the review of this project:

\_\_\_\_\_  
\_\_\_\_\_

15. In the following table show the types and amounts of existing development on the project site. Provide the month and year the facility was last occupied. Indicate whether the facility is to remain, to be removed or to be converted:

Land Use	DU (Res) or Sq. Ft (Non-Res)	Last Occupied	Remain/Remove/or Convert
_____	_____	_____	_____
_____	_____	_____	_____

16. Tentative Construction Schedule Begin: \_\_\_\_\_ Completed: \_\_\_\_\_

**PROJECT INFORMATION / STORMWATER**

17. Project Site Plan to scale which includes the following:
- a. Location and names of all adjacent streets, indicate whether drainage swales, curb and gutter or Miami curbs are present.
  - b. Location of all existing and proposed construction within site and drainage systems 1000 ft. downstream of outfall structure.
  - c. Location of all stormwater drainage basin lines.
  - d. Delineate all existing and proposed drainage; indicate all drainage arrows on site and 20' outside all property lines.
  - e. FEMA Base Flood elevation: (as required for 100 yr Flood zones)
  - f. FEMA Panel No: 120112 - \_\_\_\_\_  
FEMA Flood Zone: \_\_\_\_\_
  - g. Pre-developed Impervious area: \_\_\_\_\_ sq. ft. Based on aerials located in the Engineering Division Print Room, 21st Floor.
  - h. Proposed new impervious area: \_\_\_\_\_ sq. ft. after complete construction. (Completion of ALL phases, if phased)

18. Stormwater Outfall Criteria (as defined in Hillsborough County Stormwater Management Technical Manual):  
Please Check Box below:

- Peak Sensitive       Volume sensitive       Unlimited Outfall       Adequate Outfall
- No Stormwater Impact

19. Stormwater Management Area, Please Check Box below:

- East Lake       Lower Sweetwater Crk       Pemberton Baker Crk       Rocky Brushy Crk
- Little Manatee Rvr       Delaney Archie Crk       Double Branch Crk       Curiosity Crk
- Brooker Crk       Alafia Rvr       Hillsborough Rvr       Tampa Bypass Canal
- Bullfrog Wolf Crk       Cypress Crk       Silver Twin Lakes       Duck Pond
- City of Tampa

20. Project Type (circle all those applicable)

- | <u>Residential</u> | <u>Commercial</u>                          | <u>Industrial</u> | <u>Other</u>     |
|--------------------|--|-------------------|------------------|
| Single Family      | Retail Sales                               | Warehouse/Storage | Place of Worship |
| Duplex             | General Offices                            | Manufacturing     | Recreation Club  |
| Townhouse          | Retail Services                            |                   | School           |
| Condo              | Professional Services                      |                   | Day Care         |
| Apartment          | Restaurant/Bar                             |                   | Mixed Use        |
| Mobile Home        | Drive Through                              |                   |                  |
|                    | Auto Repair/Service                        |                   |                  |
|                    | Convenience Store<br>(w/ or w/o gas pumps) |                   |                  |
|                    | Hotel/Motel                                |                   |                  |

Application for Determination of Facilities Capacity - Mandatory

**PROJECT INFORMATION / UTILITIES**

(See attached charts and background information)

21. Public Facilities Needed:

Potable Water

Average Daily Demand:  
\_\_\_\_\_ G.P.D.

Peak Demand:  
\_\_\_\_\_ G.P.M.

Waste Water

Average Daily Flow:  
\_\_\_\_\_ G.P.D.

Peak Flow Rate:  
\_\_\_\_\_ G.P.M.

Reclaimed Water

Average Daily Demand  
\_\_\_\_\_ G.P.D.

Peak Demand:  
\_\_\_\_\_ G.P.M.

\_\_\_\_ Applying for Reclaimed Water  
Capacity Fee Credits

Explain Basis of flow calculation:

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22. Briefly explain Special Potable Water Use Requirements:

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23. Is this a Phased Project:  
Phase Size (# units/ SF)

NO       YES  
Service Required

If yes, provide following detailed description:  
Anticipated service requirement dates

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24. Indicate Public Facilities Commitment; (write in Hillsborough County, City of Tampa, City of Temple Terrace, or another franchise name necessary, and attach a letter of commitment).

\_\_\_\_\_ Potable Water

\_\_\_\_\_ Sanitary Sewer

\_\_\_\_\_ Reclaimed Water

25. Water Meters; list the number of existing and proposed water meters by size in the following table:

a. No. Existing Meters      Size      To Remain/Remove

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b. No. Proposed Meters      Size

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Application for Determination of Facilities Capacity - Mandatory  
**PROJECT INFORMATION / TRANSPORTATION**

26. Are any road improvements to be provided by the developer?

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27. If this project is an improvement on an existing site, what are the estimated number of trips generated prior to this improvement?

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28. Impacted Segments:

Segment No	Roadway Name	From/To (Segment)	Direction	P.M. Peak Hour Project Trips
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Total P.M. Peak Hour Project Trips Generated: \_\_\_\_\_

29. Proposed Access/Entrance Connections:

Segment No	Roadway Name	Left in/ Right in	Right in/ Right out
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Signature \_\_\_\_\_ Date \_\_\_\_\_

**CHART 1**  
 SMALL MOTELS, APARTMENTS, CONDOMINIUMS, TOWN HOUSES,  
 SMALL TRAILER PARKS LESS THAN 300 UNITS  
 OR SINGLE DOCTOR'S OFFICE

FIXTURE VALUE TOTAL	METER SIZE	MAX G.P.M.
0 - 45	3/4 - in.	0 - 20
46 - 565	1 - in.	21 - 50
566 - 3000	1 1/2 - in.	51 - 75
3001 - 7150	1 1/2 - in.	76 - 100
7151 - 11000	2 - in.	101 - 125
11001 - 14000	2 - in.	126 - 150
14001 - 16000	2 - in.	151 - 160
16001 - 23750	3 - in.	161 - 200
23751 - 26000	3 - in.	201 - 300
26001 - 28500	3 - in.	301 - 320
28501 - 60000	4 - in. (or 3 - in. turbine)	321 - 450
60001 - 67500	4 - in.	451 - 500

Suggested Uses for Each Type of Meter Classification

Meter Type	Suggested Use
Positive displacement meters 5/8 in. - 2 in.	Customer with normal demands. Residential, small to medium apartments, small businesses (barber shops, small hotels, motels).
Turbine meters 2 in. - 10 in.	Customers requiring high demands or continuous flows (large hotels, motels, and some manufacturing).
Compound meters 2 in. - 8 in.	Customers having high and low demands (medium hotels, motels, schools, public buildings, laundries, and large apartments).
Detector check 4 in. - 10 in.	Detects leakage or unauthorized use of water from fire or automatic sprinkler systems.

**CHART 2**  
 OTHER OFFICES, HOTELS/MOTOR INNS, SHOPPING CENTERS  
 RESTAURANTS, PUBLIC SCHOOLS, PUBLIC BUILDINGS, HOSPITALS  
 INDUSTRIAL, PARKS/ATTRACTIONS, LARGE GOVERNMENT INSTALLATIONS  
 LAUNDRIES, BEAUTY SHOPS, APARTMENTS, CONDOMINIUMS  
 TOWNHOUSES, OR TRAILER PARKS OF 300 UNITS OR MORE

FIXTURE VALUE TOTAL	METER SIZE	MAX G.P.M.
0 - 25	5/8-in. x 3/4-in.	0 - 20
26 - 105	1 - in.	21 - 50
106 - 355	1 1/2 - in.	51 - 75
356 - 635	1 1/2 - in.	76 - 100
636 - 1070	2 - in.	101 - 125
1071 - 2350	2 - in.	126 - 150
2351 - 3600	2 - in.	151 - 160
3601 - 10000	3 - in.	161 - 200
10001 - 26000	3 - in.	201 - 300
26001 - 29000	3 - in.	301 - 320
29001 - 48500	4 - in. (or 3 - in. turbine)	321 - 450
48501 - 55500	4 - in.	451 - 500

Suggested Uses for Each Type of Meter Classification

Meter Type	Suggested Use
Positive - displacement meter 5/8 in. - 2 in.	Customers with normal demands. Residential small to medium apartments, small business (shops, small hotels, motels).
Turbine meters 2 in. - 10 in.	Customers requiring high demands or continuous flows (large hotels, motels and some manufacturing).
Compound meters 2 in. - 8 in.	Customers having high and low demands (medium hotels, motels, schools, public building, laundries, and large apartments).
Detector check 4 in. - 10 in.	Detects leakage or unauthorized use of water from fire or automatic sprinkler systems.

SIZING WATER SERVICE LINES AND METERS  
HILLSBOROUGH COUNTY  
WATER CUSTOMER DATA SHEET

Customer:		
Address:		
Building Address:		
Subdivision:		
Type of Occupancy	Lot No.:	Block No.:

Fixture	Fixture Value 35 psi	No. of Fixtures	=	Fixture Value
Bathub	8	x	=	
Bedpan Washer	10	x	=	
Combination Sink and Tray	3	x	=	
Dental Unit	1	x	=	
Dental Lavatory	2	x	=	
Drinking Fountain - Cooler	1	x	=	
Drinking Fountain - Public	2	x	=	
Kitchen Sink - 1/2" Connection	3	x	=	
- 3/4" Connection	7	x	=	
Lavatory - 3/8" Connection	2	x	=	
- 1/2" Connection	4	x	=	
Laundry Tray - 1/2" Connection	3	x	=	
- 3/4" Connection	7	x	=	
Shower Head (Shower Only)	4	x	=	
Service Sink - 1/2" Connection	3	x	=	
- 3/4" Connection	7	x	=	
Urinal - Pedestal Flush Valve	35	x	=	
- Wall Flush Valve	12	x	=	
- Trough (2 ft. unit)	2	x	=	
Wash Sink (each set of faucets)	4	x	=	
Water Closet - Flush Valve	35	x	=	
- Tank Type	3	x	=	
Dishwasher - 1/2" Connection	5	x	=	
- 3/4" Connection	10	x	=	
- 1" Connection	25	x	=	
Washing Machine - 1/2" Connection	5	x	=	
- 3/4" Connection	10	x	=	
- 1" Connection	25	x	=	
Hose Connection (Wash Down) - 1/2"	6	x	=	
- 3/4"	10	x	=	
Hose (50 ft. Wash Down) - 1/2"	6	x	=	
- 5/8"	9	x	=	
- 3/4"	12	x	=	
Combined Fixture Value Total			=	
Customer Peak Demand from Curves x Pressure Factor			=	gpm
Add Irrigation _____squares x 1.16 or 0.40 **			=	gpm
TOTAL FIXED DEMAND			=	gpm





# Hillsborough County Public Schools School Planning and Concurrency Application

### I. Application Type

Check  one only:

- School Capacity Determination (Land Use & Zoning)  
  Letter of No Impact  
  Letter of Exemption  
 Time Extension  
  School Concurrency Determination (Site Plan & Subdivisions)  
 Project Amendment/Re-evaluation

See Attached Fee Schedule. Make check payable to School District of Hillsborough County. In the event that a Mitigation Agreement is necessary, an additional fee may be required.

### II. Project Information:

Project Name: \_\_\_\_\_ Local Government: \_\_\_\_\_ Parcel  
 ID#: (attach separate sheet for multiple parcels): \_\_\_\_\_  
 Location/Address of subject property: \_\_\_\_\_ (Attach location map)  
 Closest Major Intersection: \_\_\_\_\_

### III. Ownership/Agent Information:

Owner/Contract Purchaser Name(s): \_\_\_\_\_  
 Agent/Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone#: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email: \_\_\_\_\_

### IV. Development Information:

Project Data			
Current		Proposed	
Future Land Use:		Future Land Use:	
Zoning:		Zoning:	
Residential Units Proposed			
Single Family Detached:	Single Family Attached:	Multi-family:	Mobile Homes:
Total Units:	Total Acres:	Phased Project: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Date/time Stamp: \_\_\_\_\_

Worksheet is required to be completed by the Applicant if the project is to be phased:

Unit Type	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9	Yr10	Yr11-20	20+ Years
<b>SFD</b>												
<b>MF</b>												
<b>SFA</b>												
<b>MH</b>												
<b>Totals by Yr.</b>												

Grand Total	
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Insert totals by unit type by years.

SFD = single family detached

MF = multi-family apartments

SFA = townhomes, duplex

MH = mobile homes

If you designate other - please indicate unit type i.e. lofts, duplex, etc.

Unit Type	Yr1	Yr2	Yr3	Yr4	Yr5	Yr6	Yr7	Yr8	Yr9	Yr10	Yr11-20	20+ Years
<b>SFD</b>	25	25	25	25	--	--	--	--	--	--	--	--
<b>MF</b>	50	0	0	0	--	--	--	--	--	--	--	--
<b>SFA</b>	10	0	0	10	--	--	--	--	--	--	--	--
<b>MH</b>	N/A											
<b>Totals by Yr.</b>	85	25	25	35	--	--	--	--	--	--	--	--

Grand Total	170
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Notes: This application will not be deemed complete until all applicable submittal requirements have been submitted to the School District. Submittal requirements include completed application, fee, and location map. Please be advised that additional documentation/information may be requested during review process.



**Hillsborough County Public Schools  
School Planning and Concurrency Application**

**This section to be completed by Local Government and submitted to School District**

This portion of the application must be filled out and signed by the local government staff. Local government is responsible for verifying the number of units permitted and the requested change in number of units.

<b>Change in Land Use</b>	<b>Current</b>			<b>Proposed</b>		
<b>Change in Zoning</b>	<b>Current</b>			<b>Proposed</b>		
Number of Units by Type  If the request is for a site plan/subdivision approval – verify # and type of units being requested. <u>Unit Total:</u> <u>Unit Type:</u>	SFD: Total		Currently Permitted		Additional	
	MF: Total		Currently Permitted		Additional	
	SFA: Total		Currently Permitted		Additional	
	MH: Total		Currently Permitted		Additional	

**Local Government Reviewer's Signature and Title**

**Date**

**Comments:**

<b>OFFICIAL USE ONLY</b>	
<b>Application Received</b>	
<b>Date:</b>	<b>Time:</b>
<b>By:</b>	