



**FLAGLER COUNTY PUBLIC SCHOOLS, FACILITIES PLANNING  
SCHOOL PLANNING AND CONCURRENCY APPLICATION/SCHOOL IMPACT ANALYSIS  
PO Box 755, Bunnell, FL 32110 (386) 586-5192 x1313**

**Instructions:**

\*Please submit two original copies of a completed application, location map, and the application fee. (made payable to Flagler County Public Schools) to the appropriate Jurisdiction/Municipality. Fee schedule on page four (4).

\*The Municipality will review application and forward it to the Coordinator of Planning & Intergovernmental Relations of Flagler County School.

City of Palm Coast 160 Lake Avenue Palm Coast, FL 32164	Flagler County 1769 E. Moody Blvd., Bldg. #2 Bunnell, FL 32110	City of Bunnell 604 E. Moody Blvd. Bunnell, FL 32110	City of Flagler Beach 105 S. 2 <sup>nd</sup> . Street Flagler Beach, FL 32136
--	--	--	---

**I. Application Type - Check one only**

<input type="checkbox"/>	Non-Binding Determination (Comprehensive Plan Amendment; Rezoning)	<input type="checkbox"/>	Letter of Concurrency Exemption	<input type="checkbox"/>	Project Amendment / Reevaluation
<input type="checkbox"/>	School Capacity Reservation (Only at Preliminary Plat, Final Plat, Site Plan Amendment)	<input type="checkbox"/>	Time Extension	<input type="checkbox"/>	Proportionate Share Mitigation

**II. Project Information**

Project Name \_\_\_\_\_ Local Government: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_

Location / Address of Subject Property: \_\_\_\_\_

Closest Major Intersection: \_\_\_\_\_

(Please attach separate sheet of multiple parcels – attach and location map)

**III. Ownership Information**

Owner Name(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_



**FLAGLER COUNTY PUBLIC SCHOOLS, FACILITIES PLANNING  
SCHOOL PLANNING AND CONCURRENCY APPLICATION/SCHOOL IMPACT ANALYSIS  
PO Box 755, Bunnell, FL 32110 (386) 586-5192 x1313**

**IV. Applicant Information**

Contract Purchaser/Developer Name(s): \_\_\_\_\_

Agent/Contact Person: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**V. Development Information**

<i>Project Data</i>			
<i>Current</i>		<i>Proposed</i>	
Future Land Use:		Future Land Use:	
Zoning:		Zoning:	
<i>Residential Units Proposed</i>			
Single Family Detached:	Single Family Attached:	Apartments:	Mobile Homes:
Total Units:	Total Acres:	Phased Project:	
		Yes	No

**PLEASE COMPLETE THE FOLLOWING TABLE WITH THE AMOUNT AND TYPE OF UNITS IN THE APPROPRIATE ANTICIPATED YEAR OF CONSTRUCTION**

<i>Unit Type</i>	<i>2024</i>	<i>2025</i>	<i>2026</i>	<i>2027</i>	<i>2028</i>	<i>2029</i>	<i>2030</i>	<i>2031</i>	<i>2032</i>
<i>Single Family</i>									
<i>Multi Family</i>									
<i>Mobile Family</i>									

Applicant shall provide the information above so the Flagler County School District can calculate student generation, evaluate school capacity and address any potential mitigation. The applicant is responsible for obtaining any additional information required to complete the review process.

For further information regarding the application process, please contact the local government of jurisdiction.



**FLAGLER COUNTY PUBLIC SCHOOLS, FACILITIES PLANNING  
SCHOOL PLANNING AND CONCURRENCY APPLICATION/SCHOOL IMPACT ANALYSIS  
PO Box 755, Bunnell, FL 32110 (386) 586-5192 x1313**

***I hereby certify the statement and/or information contained in this application with any attachments submitted herewith are true and correct to the best of my knowledge.***

***Disclaimers:*** By my signature hereto, I do hereby certify that the information contained in the application is true and correct to the best of my knowledge and understand that deliberate misrepresentation of such information may be grounds for denial or reversal of this application and/or revocation of any approval based upon this application.

**I further acknowledge** that the School Board of Flagler County may not defend any challenge to my proposed application and that it may be my sole obligation to defend any and all action and approvals of this application. Submission of this application initiates a process and does not imply approval by the School Board of Flagler County and any of its staff.

**I further acknowledge** that I have read the information contained in the application and have had sufficient opportunity to inquire with regard to matters set forth therein and accordingly, fully understand all applicable procedures and matters relating to this application. I hereby represent that I have the lawful right and authority to file this application.

**Owner:**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print)

**Reviewed by Jurisdiction/Municipality:**

**Jurisdiction:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
(Print)



**FLAGLER COUNTY PUBLIC SCHOOL CONCURRENCY PLANNING  
SERVICE FEE SCHEDULE**

Please make checks payable to **Flagler County Public Schools**

**School Capacity Availability Reports / Letters**

**School Capacity Determinations**

Nonbinding Review – (FLU/Rezone).....	\$200.00
Letter of Concurrency Exemption.....	\$100.00
Time Extension.....	\$150.00
Concurrency Determination Re-evaluation.....	\$150.00

**School Capacity Reservation - Certificate of School Concurrency**

11-49 Units .....	\$300.00
50+ Units.....	\$500.00

**Proportionate Share Mitigation**

11-49 Units .....	\$1,000.00
50+ Units.....	\$2,500.00
Appeals.....	\$1,000.00