

**CITY OF TARPON SPRINGS, FLORIDA
Certificate of Concurrence**

Return to:
Planning & Zoning Division
324 E. Pine Street
Tarpon Springs, FL 34689
(727) 942-5611

(Please type or print clearly)

Property Owner(s)

Name		Email	
Address			
City		State	Zip
Phone	Fax	Cellular	

Applicant

Name		Email	
Address			
City		State	Zip
Phone	Fax	Cellular	

Agent (if applicable)

Name		Email	
Address			
City		State	Zip
Phone	Fax	Cellular	

General Information

Project Name	
Property Location or Address	
Legal Description (attach additional sheets as necessary)	
Tax Parcel Number(s)	Site Acreage

Type of Development Activity [check only one]

- | | |
|---|---|
| <input type="checkbox"/> Site Plan for Commercial Development | <input type="checkbox"/> Commercial Planned Development |
| <input type="checkbox"/> Site Plan for Residential Subdivision | <input type="checkbox"/> Industrial Planned Development |
| <input type="checkbox"/> Site Plan for Multiple Residential Development | <input type="checkbox"/> Conditional Use |
| <input type="checkbox"/> Final Subdivision Plat | <input type="checkbox"/> Building Permit |
| <input type="checkbox"/> Residential Planned Development | <input type="checkbox"/> Other: _____ |

Proposed Development

1. Number of Residential Units

_____ Single-Family	_____ Multi-Family	_____ Recreational Vehicle Sites
_____ Two-Family	_____ Mobile Home	_____ Beds (ACLF, ALF, etc.)

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2. Non-Residential Uses

- a. Type of Use: _____ Gross Square Footage: _____
- b. Type of Use: _____ Gross Square Footage: _____
- c. Type of Use: _____ Gross Square Footage: _____
- d. Type of Use: _____ Gross Square Footage: _____

3. Marina (Number of slips)

_____ Wet Slips _____ Dry Slips _____ TOTAL

Applicable Concurrence Exceptions [check all that apply]

- §122.01(A)(1) §122.01(A)(2) §122.01(A)(3) §122.01(A)(4)

Level of Service

Calculate the impact of the proposed development on each of the following:

- 1. Potable Water: _____ gallons per day (gpd)
- 2. Sanitary Sewer: _____ gallons per day (gpd)
- 3. Solid Waste: _____ tons per year (tpy)
- 4. Storm Drainage: *Provide separate analysis for review by the Engineering Division
- 5. Transportation: ITE Category _____
 - a. _____ total trips per day (tpd)
 - b. _____ peak hour trips
- 6. Hurricane Shelter: _____ total required space

Signature of Owner or Authorized Agent Printed Name Date

STATE OF FLORIDA)
COUNTY OF PINELLAS)

The foregoing instrument was acknowledged before me this _____ day of _____, A.D., 20 ____
by _____, who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

NOTARY PUBLIC
Name: _____
Signature: _____
Stamp: _____