

**CITY OF LYNN HAVEN
TRANSPORTATION CONCURRENCY REVIEW APPLICATION**

APPLICANT INFORMATION

Name of Applicant: _____
The Applicant is the: A) Property Owner _____ or; B) Authorized Agent _____
(If the applicant is an agent, attach a signed statement from the property owner granting permission for the agent to obtain any necessary permits.)

Applicant Address: _____

Applicant Telephone: (____) _____ Fax: (____) _____

Name of Owner or Contact for Project: _____

Owner or Project Contact Address: _____

Contact Telephone: (____) _____ Fax: (____) _____

Name of Person or Firm the Development Order is to be issued to (If not same as the Applicant): _____

Address of Recipient: _____

Type of Review (check one)

Minimal Development _____

"Minimal Developments" are defined as those developments that are projected to generate 15 or fewer total p.m. peak hour trips (including pass-by) at the site access(es) to the public roadway network.

Small Development _____

"Small Developments" are defined as all developments that are projected to generate 15 to 50 total p.m. peak hour trips (including pass-by) at the site driveway access(es) to the public roadway network.

Large Development _____

All developments that are not considered "Minimal Developments" or "Small Developments" are classified as "Large Developments".

PROJECT INFORMATION

Proposed Use of Site: _____

Number of Units (or lots, if subdivision): _____

Is this project part of an *existing* multi-phased development? _____ No _____ Yes;

If Yes, this project is part of _____
 Is this project the start of a *new* multi-phase project? ____ No ____ Yes; this is a multi-
 phase project anticipated to be developed in _____ phases.
 This application is for phase(s) _____.
 Is this a redevelopment project? ____ No ____ Yes.

Note: Trip credit for redevelopment projects is applied in accordance with Florida Statute 163.3180(8).

SUMMARY OF ANALYSES

The analyses completed should follow the requirements set forth by the City of Lynn Haven and detailed in the Transportation Concurrency Users Guide.

Trip Generation (PM Peak Hour)

Land Use	ITE Land Use Code	Intensity	Formula/Rate	Total Trips

Land Use	Enter/Exit Split Percentage	Entering Trips	Exiting Trips

Land Use	Internal Capture Percentage	Total Internal Trips	Total External Trips

Land Use	Pass-by Percentage	Total Pass-by Trips	Total External Trips

Impacted Segments of Concern

Segment No.	Roadway Name	From/To	Direction	PM Peak Hour Project Trips
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DEVELOPMENT SITE INFORMATION

Current Use of Site: _____

Address of Site: _____

Property Appraiser's Parcel ID #(s) _____

Size of property: _____ (square feet); _____ (acres)

UNDERSTANDING OF TRANSPORTATION CONCURRENCY REQUIREMENTS

I hereby certify that the information contained herein, and in the included supporting Transportation Concurrency Analysis, is true and correct and that I am either the true and sole owner of the subject property, or am authorized to act on behalf of the true owner(s) in all regards on this matter, pursuant to proof and authorization submitted with the corresponding development application **or** attached hereto. I hereby represent that I have the lawful right and authority to file this application. I understand that submission of the form initiates a process and does not imply approval by the City of Lynn Haven.

I further certify that I understand that issuance of a Certificate of Concurrency will require successful completion of Development Review, and that likewise no final development order will be issued except upon successful completion of this Concurrency Review.

By signing this application, the owner hereby authorizes Planning staff to access the subject property to verify information contained in this application and accompanying submittal documents. Further, the person named as the Authorized Agent is authorized on my behalf (if applicable).

Owner's or Authorized Agent's signature

Date

(Please Print or Type Name)

Witness' Signature

Date

(Please Print or Type Name)