

MOBILITY FEE CALCULATION CERTIFICATE APPLICATION FORM

CITY OF JACKSONVILLE, FLORIDA

OFFICIAL USE ONLY	_____	_____	_____
	APPLICATION #	DEVELOPMENT #	APPLICATION DATE

I. TYPE OF MOBILITY FEE REVIEW:

MOBILITY FEE CALCULATION (Include Trip Reduction Credits):

II. TYPE OF DEVELOPMENT:

Residential:	Non-Residential:
Development Name:	
Project Name:	
Address: _____	

A. TYPE OF IMPROVEMENTS (Check all that apply)

New Building	Addition	Alteration and Repairs	Foundation Only
Mobile Home (New)	Converting of Use	Trailer Park	Accessory Building
Horz. Development	Other: _____		

B. IS THIS PROJECT LOCATED WITHIN THE BOUNDARIES OF AN APPROVED DEVELOPMENT AGREEMENT AREA?

Yes:	No:	If yes, include Development Number (CCAS or CRC App) _____
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C. IS THIS PROJECT LCOATED WITHIN THE BOUNDARIES OF AN APPROVED FAIR SHARE AREA?

Yes:	No:	If yes, include Fair Share Contact Number (CCAS or CRC App) _____
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D. IS THIS PROJECT LOCATED WITHIN THE TRANSPORTATION MANAGEMENT AREA?

Yes:	No:	If yes, Sector _____ Subsector _____
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E. IS THERE AN ASSOCIATED MOBILITY FEE CALCULATION CERTIFICATE?

If yes, include the application No. _____

III. PROJECT OR DEVELOPMENT LOCATION:		
SECTION _____	TOWNSHIP _____	RANGE _____
A. COUNCIL DISTRICT _____		B. PROPERTY LOCATED BETWEEN STREETS:
PLANNING DISTRICT _____		
PANEL NUMBER _____		
CENSUS TRACT _____		
MOBILITY ZONE _____		
MOBILITY DEV. AREA _____		
C. REAL ESTATE NUMBER(S):		

IV. AGENT AND OWNER INFORMATION:	
OWNER'S INFORMATION	
Name:	Address (including city, state, zip):
Email:	Telephone:

AGENT'S INFORMATION		
Name:	Address (including city, state, zip):	
Email:	Telephone:	
MAIL THE MOBILITY CERTIFICATE TO:	AGENT	OWNER

V. COMMENTS:

VI. PROJECT OR DEVELOPMENT SPECIFICATIONS:				
A. TRANSPORTATION LAND USE CODE: _____				
PREVIOUS LAND USE CODE: _____				
CURRENT ZONING: _____ If PUD Ord. #: _____				
B. TOTAL LAND AREA (ACRES): _____		C. ENCLOSED AREA OF PROPOSED DEVELOPMENT: _____		
D. TOTAL NUMBER OF DWELLING UNITS:				
SINGLE-FAMILY:		DUPLEX:		TRIPLEX/QUAD:
APARTMENT:		MOBILE HOMES:		CONDOS:
Number of Rooms: _____		Number of Berths: _____		
Number of Pads: _____		Number of Beds: _____		
Number of Parking Spaces: _____		Number of Seats: _____		
Other (Please Specify): _____				
E. CONCURRENCY REVIEW ONLY: WATER SOURCE AND SEWAGE DISPOSAL				
WATER SOURCE:	LOS AREA [_____]	A. JEA	B. PRIVATE UTILITY	C. PRIVATE WELL
SEWAGE DISPOSAL:	LOS AREA [_____]	A. JEA	B. PRIVATE UTILITY	C. SEPTIC TANK

ITEMS <u>REQUIRED</u> FOR MOBILITY FEE REVIEW	
<ol style="list-style-type: none"> 1. Complete Application 2. Site Plan {8 1/2 x 11, 8 1/2 x 14, or 11 x 17} preferred 3. Site Location Map 4. Owner Authorization Affidavit 5. Application Fee: <ul style="list-style-type: none"> -Mobility Fee Calculation (Using Trip Reduction Credits): \$688 <p>(Checks should be made out to TAX COLLECTOR)</p>	

GENERAL AUTHORIZATION	
<p>I hereby certify that I have read and understand the information contained in this application, that I am the owner or authorized agent for the owner with authority to make this application, and that all of the information contained in this application, including attachments, is true and correct to the best of my knowledge.</p>	
Owner(s) Print Name: _____ Signature: _____	Applicant or Agent (if different than owner) Print Name: _____ Signature: _____
Owner(s) Print Name: _____ Signature: _____	