



PLANNING, ENVIRONMENTAL & DEVELOPMENT SERVICES DEPARTMENT
APPLICATION FOR CAPACITY ENCUMBRANCE LETTER/
SCHOOL CONCURRENCY DETERMINATION

INSTRUCTIONS TO APPLICANT

CEL Application Number (Assigned by the County): \_\_\_\_\_

I. GENERAL INFORMATION

This application is being made pursuant to Chapter 30, Article XII of the Orange County Code of Ordinances. Applications are submitted to the Concurrency Management Office in its original format with original signatures, copies & electronic signatures will not be accepted. In order to be processed, all applications must be complete and accompanied by the appropriate fee and supporting documentation. Payment and receipt of an application does not constitute a complete application. Review for completeness will be conducted following submittal. The applicant must sign the Affidavit of Understanding (Section 5) and complete all applicable Sections in their entirety. Incomplete applications will be returned to the applicant via regular mail. REQUESTED OR MISSING DOCUMENTS MUST BE SUBMITTED WITHIN SEVEN (7) DAYS OR THE APPLICATION WILL NO LONGER BE VALID.

II. APPLICATION FEE (Make check payable to Orange County Board of County Commissioners)

- Non-Residential Projects \$1,268.00
Non-Residential Projects Located in Orange County's Alternative Mobility Area (AMA) \$774.00
Mixed Projects (Residential & Non-Residential) \$2,149.00
Residential Projects \$2,149.00
Residential Projects Located in Orange County's Alternative Mobility Area (AMA) \$1,623.00
Residential Projects with Current School Concurrency Vested Rights \$1,268.00
Residential Projects with Current Transportation Concurrency Vested Rights \$1,623.00

Please Note: This Application fee is non-refundable

III. SUBMITTAL REQUIREMENTS

- Proof of ownership of the property (Warranty Deed);
Agent Authorization with documentation showing relationship of the signatory to the entity;
Location Map (2 mile radius);
Complete Legal Description & Map from Property Appraiser's website (www.ocpafl.org) for each Parcel ID Number listed on the application reflecting major cross streets;
Provide a scanned copy of the application package in its entirety in PDF format;
Proof that you have inquired or obtained water and wastewater capacity for this project unless serviced by Orange County(i.e. Utility Provider Verification Letter or copy of water bill);
A letter size copy of the building floor plan with area tabulations (applicable only to projects in permitting);
The Transportation Planning Division will require a Transportation Capacity Analysis if there is insufficient capacity on the roadways needed to serve the project or if the project generates 50 p.m. peak hour trips. Properties located within an Alternative Mobility Area (AMA) may be required to complete a Planning Context Assessment Study. If a Transportation Capacity Analysis is requested please send an electronic copy to the Concurrency Management Office at concurrency@ocfl.net. Please contact Mirna Barq of the Transportation Planning Division at 407-836-7893 for additional information or the methodology.

Please be advised a letter of Authorization/Verification from each of the project's controlling utility provider shall be submitted verifying the availability or non-availability of central sewer and/or water services.

**SECTION 1: NOTICE OF CONSISTENCY WITH ORANGE COUNTY'S FUTURE LAND USE**

The proposed project must be consistent with Orange County's Comprehensive Plan Future Land Use Element Policy FLU8.1.1. The project cannot be developed until such time of consistency with its Future Land Use. **This Capacity Encumbrance Letter application will not be accepted unless the proposed development is consistent with the current future land use designation and zoning district on the subject site.** In no event will the processing fee for a Capacity Encumbrance Letter be refunded if the development is held due to inconsistency.

_____	_____
<b>Applicant Signature of Acknowledgement</b>	<b>Date of Acknowledgement</b>

**SECTION 2: APPLICANT AND OWNER INFORMATION**

Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 3: PROPERTY INFORMATION**

Project Name: \_\_\_\_\_  
Parcel Identification Number(s): \_\_\_\_\_  
Building Permit Number (*If Available*): \_\_\_\_\_ Demo Permit Number (*If Available*): \_\_\_\_\_  
Parcel Size: \_\_\_\_\_ Future Land Use Designation: \_\_\_\_\_  
Address of Property (*If Available*): \_\_\_\_\_  
List The Roads That Will Be Utilized To Access The Project: \_\_\_\_\_  
Existing Use of Property: \_\_\_\_\_  
Size of Existing Use (*Units/Sq. Ft.*): \_\_\_\_\_  
Water Provider: \_\_\_\_\_  
Wastewater Provider: \_\_\_\_\_  
Will this Project be phased? Yes \_\_\_\_\_ No \_\_\_\_\_ (*If yes please attached a phasing schedule*)



**SECTION 5: AFFIDAVIT OF UNDERSTANDING**

My signature on this application as owner, or designated representative of owner, indicates acknowledgement of the following:

1. My building permit application will not be approved if the proposed use(s), square footage(s) and/or number of units are greater than that listed on my Capacity Encumbrance Letter (CEL) application.
2. This application does not guarantee water/wastewater capacity services until such services are obtained from the property area’s controlling utility provider. In addition, capacity is subject to the Municipal Rate Resolutions and Ordinances of the controlling provider. Wastewater capacity is limited to the amount of capacity purchased. Furthermore, potable water capacity is not reserved or encumbered by the letter that may result from this application. Capacity will be evaluated prior to final plan approval. At that time, improvements to the infrastructure may be required of the developer/owner to ensure that adequate hydraulic capacity exists. Verification of water and/or wastewater capacity from utility providers other than Orange County Utilities will be required at the time of issuance of a building permit.
3. A CEL application is required for projects that are not exempt from concurrency, do not qualify for vested rights, or exceed de minimis thresholds as outlined in the Concurrency Management Ordinance.
4. The processing of a CEL application may take four (4) to six (6) weeks upon receipt of all required fees and documentation requested by all reviewing Orange County Departments.
5. I, the undersigned, have read this application and hereby attest that the above-referenced information is true and correct to the best of my knowledge and, during the pendency of this application, I understand my continuing obligation to notify the Concurrency Management Official (CMO), in writing, of the inaccuracy of any statement or representation which was incorrect when made or which becomes incorrect by virtue of changed circumstances.
6. Incomplete applications will be returned to the applicant by regular mail. Receipt and payment of an application does not constitute a complete application.
7. All representative signatures are verified on Sunbiz (<http://www.sunbiz.org/>). The representative must be the acting agent reflected on Sunbiz.
8. This application will expire one year from submittal if a determination has not been issued and the applicant has not requested to mitigate capacity deficiencies. Once expired, a new application will be required along with any applicable fee.

**PROPERTY OWNER’S SIGNATURE:** \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT’S SIGNATURE:** \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address  
 Community, Environmental & Development Services Department  
 Concurrency Management Office  
 Post Office Box 1393  
 Orlando, Florida 32802-1393  
 Phone: 407-836-5617



**CAPACITY ENCUMBRANCE LETTER (CEL) APPLICATION**  
**AGENT AUTHORIZATION FORM**

I, \_\_\_\_\_, as the property owner of the property described below, hereby give my permission for \_\_\_\_\_, to act as my authorized agent for the purpose of meeting concurrency requirements set forth under Article XII, Chapter 30 of the Orange County, Florida Code of Ordinances.

Legal Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title of Property Owner

**IN THE EVENT THAT THE ABOVE AUTHORIZED AGENT IS NO LONGER ACTING ON THE OWNER'S BEHALF SAID PROPERTY OWNER MUST NOTIFY THE CONCURRENCY MANAGEMENT OFFICE VIA WRITTEN REQUEST.**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, as an individual/officer/agent, on behalf of himself /herself or on behalf of \_\_\_\_\_, a \_\_\_\_\_ corporation/ partnership/ limited liability company. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Notary Seal)

My Commission Expires: \_\_\_\_\_



**RELATIONSHIP DISCLOSURE FORM FOR USE WITH DEVELOPMENT  
RELATED ITEMS, EXCEPT THOSE WHERE THE COUNTY  
IS THE PRINCIPAL OR PRIMARY APPLICANT**

This relationship disclosure form must be submitted to the Orange County department or division processing your application at the time of filing. In the event any information provided on this form should change, the Owner, Contract Purchaser, or Authorized Agent(s) must file an amended form on or before the date the item is considered by the appropriate board or body.

**PART I**

**INFORMATION ON OWNER OF RECORD PER ORANGE COUNTY TAX ROLLS**

Name: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_

Facsimile (     ) \_\_\_\_\_

**INFORMATION ON CONTRACT PURCHASER, IF APPLICABLE**

Name: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_

Facsimile (     ) \_\_\_\_\_

**INFORMATION ON AUTHORIZED AGENT, IF APPLICABLE**

**(Agent Authorization Form must be attached)**

Name: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

Business Phone (     ) \_\_\_\_\_

Facsimile (     ) \_\_\_\_\_

**PART II**

**IS THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT A RELATIVE OF THE MAYOR OR ANY MEMBER OF THE BCC?**

**YES  NO**

**IS THE MAYOR OR ANY MEMBER OF THE BCC AN EMPLOYEE OF THE OWNER, CONTRACT PURCHASER, OR AUTHORIZED AGENT?**

**YES  NO**

**IS ANY PERSON WITH A DIRECT BENEFICIAL INTEREST IN THE OUTCOME OF THIS MATTER A BUSINESS ASSOCIATE OF THE MAYOR OR ANY MEMBER OF THE BCC?** (When responding to this question please consider all consultants, attorneys, contractors/subcontractors and any other persons who may have been retained by the Owner, Contract Purchaser, or Authorized Agent to assist with obtaining approval of this item).

**YES  NO**

**If you responded “YES” to any of the above questions, please state with whom and explain the relationship:**

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**(Use additional sheets of paper if necessary)**

**PART III**

**ORIGINAL SIGNATURE AND NOTARIZATION REQUIRED**

I hereby certify that information provided in this relationship disclosure form is true and correct based on my knowledge and belief. If any of this information changes, I further acknowledge and agree to amend this relationship disclosure form prior to any meeting at which the above-referenced project is scheduled to be heard. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature of Property Owner  Contract Purchaser  Date  
or Authorized Agent (*Check One*)

Print Name and Title of Person completing this form: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

Business Phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ by \_\_\_\_\_, as an individual/officer/agent, on behalf of himself /herself or on behalf of \_\_\_\_\_, a \_\_\_\_\_ corporation/ partnership/ limited liability company. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public  
(Notary Seal) My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Staff signature and date of receipt of form  
*Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.*





**ORANGE COUNTY SPECIFIC PROJECT EXPENDITURE REPORT**

**This lobbying expenditure form shall be completed in full and filed with all application submittals. This form shall remain cumulative and shall be filed with the department processing your application. Forms signed by a principal's authorized agent shall include an executed Agent Authorization Form.**

**This is the Initial Form: \_\_\_\_\_**

**This is a Subsequent Form: \_\_\_\_\_**

**PART I** *(Please complete all of the following)*

Name and Address of Principle (legal name of entity or owner per Orange County tax rolls):  
\_\_\_\_\_

Name and Address of Principal's Authorized Agent, if applicable:  
\_\_\_\_\_

**List the name and address of all lobbyists, consultants, contractors, subcontractors, individuals or business entities who will assist with obtaining approval for this project. (Additional forms may be used as necessary).**

- 1. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No
- 2. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No
- 3. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No
- 4. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No
- 5. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No
- 6. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No
- 7. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No
- 8. Name and address of individual or business entity: \_\_\_\_\_  
Are they registered Lobbyist? Yes  No

**PART II**

**EXPENDITURES**

For this report, "expenditure" means money or anything of value given by the principal and/or his/her lobbyist for the purpose of lobbying, as defined in section 2-351, Orange County Code. This may include public relations expenditures including, but not limited to, petitions, fliers, purchase of media time, cost of print and distribution of publications. However, the term "expenditure" **does not** include:

- ❖ Contributions or expenditures reported pursuant to chapter 106, Florida Statutes;
- ❖ Federal election law, campaign-related personal services provided without compensation by individuals volunteering their time;
- ❖ Any other contribution or expenditure made by or to a political party;
- ❖ Any other contribution or expenditure made by an organization that is exempt from taxation under 26 U.S.C. s. 527 or s. 501(c)(4), in accordance with s.112.3215, Florida Statutes; and/or
- ❖ Professional fees paid to registered lobbyists associated with the project or item.

The following is a complete list of all lobbying expenditures and activities (including those of lobbyists, contractors, consultants, etc.) incurred by the principal or his/her authorized agent and expended in connection with the above-referenced project or issue. **You need not include de minimus costs (under \$50) for producing or reproducing graphics, aerial photographs, photocopies, surveys, studies or other documents related to this project.**

<b>Date of Expenditures</b>	<b>Name of Party Incurring Expenditure</b>	<b>Description of Activity</b>	<b>Amount Paid</b>
<b>TOTAL EXPENDED THIS REPORT</b>			<b>\$</b>

*(Must enter zero for no expenditures)*

**Part III**

I hereby certify that information provided in this specific project expenditure report is true and correct based on my knowledge and belief. I further acknowledge and agree to comply with the requirement of section 2-354 of the Orange County code to amend this specific project expenditure report for any additional expenditure incurred related to this project prior to the scheduled Board of County Commissioner meeting. In accordance with s. 837.06, Florida Statutes, I understand and acknowledge that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor in the second degree, punishable as provided in s. 775.082 or s. 775.083, Florida Statutes.

\_\_\_\_\_  
Signature of Property Owner  Contract Purchaser  Date  
or Authorized Agent

Print Name and Title of Person completing this form: \_\_\_\_\_

Business Address (Street/P.O. Box, City and Zip Code): \_\_\_\_\_

Business Phone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, as an individual/officer/agent, on behalf of himself /herself or on behalf of \_\_\_\_\_, a \_\_\_\_\_ corporation/ partnership/ limited liability company. He/she is personally known to me or has produced \_\_\_\_\_ as identification and did/did not take an oath.

WITNESS my hand and official seal in the County and State last aforesaid this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Notary Seal)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Staff signature and date of receipt of form  
*Staff reviews as to form and does not attest to the accuracy or veracity of the information provided herein.*