



SCRC Number: \_\_\_\_\_

## School Concurrency Reservation Certificate (SCRC) APPLICATION FORM

Project Name	_____				
Property Address	_____				
Acres	_____	Section	_____	Township	_____
Range	_____				
Parcel Number(s)	_____				
Planning District	_____	Census	_____	TAZ	_____
Future Land Use	Current	_____	Proposed	_____	
Zoning	Current	_____	Proposed	_____	

### PROJECT DESCRIPTION (INCLUDE ALL DEVELOPMENT, EXISTING & PROPOSED, ON THE PROPERTY)

E = Existing P = Proposed	Use/Description	Dwelling Units	Complete for EXISTING development only.		
			To Be Removed (Y or N)	CO Date	Active (Y or N)

(IF NECESSARY, CONTINUE ON A SEPARATE SHEET OF PAPER)

### APPLICANT INFORMATION ( ATTACH OWNER'S AUTHORIZATION FORM, IF THE APPLICANT IS NOT THE PROPERTY OWNER)

OWNER			AGENT/AUTHORIZED REPRESENTATIVE		
First Name Last Name			First Name Last Name		
Company Name			Company Name		
Mailing Address			Mailing Address		
City	State	Zip	City	State	Zip
( )	( )	( )	( )	( )	( )
Phone	Fax		Phone	Fax	

Email Address: \_\_\_\_\_

**IMPACT MITIGATION** (DESCRIPTION OF PAST OR PROPOSED PUBLIC SCHOOL FACILITY DEDICATION, CONSTRUCTION OR FUNDING TO MITIGATE IMPACTS OF DEVELOPMENT PROPOSAL)

**ATTACHMENTS**

**THE FOLLOWING ATTACHMENTS MUST BE SUBMITTED WITH THE APPLICATION:**

1. Proof of ownership (copy of deed or purchase agreement).
2. Legal description.
3. Vicinity (location) map.
4. General site plan including property boundaries and proposed development including use and intensity.
5. Phasing schedule for all proposed construction.
6. Owner's authorization form, if applicable.
7. Application Fees [See instructions below regarding fees due]

**FOR DEPARTMENT USE ONLY**

Application Submittal:      Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Application Determination      ☐ COMPLETE      Date Forwarded to School District \_\_\_\_\_  
   ☐ INCOMPLETE      No further review will be made until the deficiencies indicated below are remedied. If the deficiencies are not remedied within 30 days, the application will be deemed withdrawn.

Description of Deficiencies: \_\_\_\_\_

RESUBMITTAL:      Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Application Determination      ☐ COMPLETE      Date Forwarded to School District \_\_\_\_\_  
   ☐ INCOMPLETE      No further review will be made until the deficiencies indicated below are remedied. If the deficiencies are not remedied within 30 days, the application will be deemed withdrawn.

Description of Deficiencies: \_\_\_\_\_

\_\_\_\_\_

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***FOR SCHOOL DISTRICT STAFF USE ONLY***

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**CONCURRENCY  
DETERMINATION**

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**APPROVED, see School Concurrency Reservation Letter**

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**DENIED, see School Concurrency Denial Letter**

**\*\*ALL CAPACITY DETERMINATION/MITIGATION CALCULATIONS MUST BE ATTACHED TO THIS APPLICATION\*\***