



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	

mail 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	<input type="checkbox"/> COMPLETE	Date Forwarded to School District _____
	<input type="checkbox"/> 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 If the deficiencies are not remedied within 30 days, the application will be deemed withdrawn.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	<input type="checkbox"/> COMPLETE	Date Forwarded to School District _____
	<input type="checkbox"/> 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 If the deficiencies are not remedied within 30 days, the application will be deemed withdrawn.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: _____

FOR SCHOOL DISTRICT STAFF USE ONLY

**CONCURRENCY
DETERMINATION**



APPROVED, see School Concurrency Reservation Letter

DENIED, see School Concurrency Denial Letter

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