

ORDINANCE NO. 99- 32

AN ORDINANCE AMENDING ORDINANCE NO. 99-06, KNOWN AS THE NASSAU COUNTY CONCURRENCY MANAGEMENT ORDINANCE; SPECIFICALLY AMENDING SECTION 14, ADMINISTRATIVE FEES AND FORMS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the Board of County Commissioners has found it necessary to amend Ordinance No. 99-06, as new data has been provided to staff that requires a change in the formula for estimating impacts; and

WHEREAS, Appendix "B" which is the Application for Concurrency Determination of the current ordinance should be amended in order to include the addition of a formula to calculate solid waste impacts for commercial uses and to include a change in the generation rate for residential solid waste; and

WHEREAS, the rates are based on industry standards and due to the diversity of commercial businesses are subject to fluctuations.

NOW THEREFORE, BE IT ORDAINED by the Board of County Commissioners of Nassau County, Florida, this 25th day of October, 1999 that Ordinance No. 99-06, shall be amended as follows:

SECTION 14. ADMINISTRATIVE FEES AND FORMS

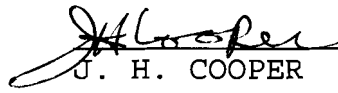
The forms for Application for Concurrency Determination and fee schedules are set forth in the

revised Appendix "B" and said appendix is hereby incorporated by reference, with the effective date of the revised Appendix "B" to be upon adoption of this ordinance.

SECTION 17. EFFECTIVE DATE

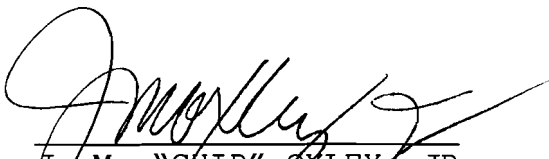
This Ordinance shall become effective upon receipt of official acknowledgement by the Office of the Department of State of the State of Florida to the Clerk of the Board of County Commissioners that this Ordinance has been filed with that office.

BOARD OF COUNTY COMMISSIONERS
NASSAU COUNTY, FLORIDA



J. H. COOPER
Its: Chairman

ATTEST:



J. M. "CHIP" OXLEY, JR.
Its: Ex-Officio Clerk

Approved as to form by the
Nassau County Attorney:



MICHAEL S. MULLIN

**Nassau County Planning Department
2290 State Road 200
Fernandina Beach, Florida 32034-3056**

APPLICATION FOR CONCURRENCY DETERMINATION

Staff Use Only

(check)		(fee)
<input type="checkbox"/>	Minor Review (Projects generating 51-399 Average Daily Trips (ADTs))	\$250.00
<input type="checkbox"/>	Major Review (Projects Generating 400+ Average Daily Trips (ADTs))*	\$840.00
	*Requires Pre-application meeting and Land Development Traffic Assessment	

File # _____ Receipt # _____

Date _____ Project Name _____

- Type of determination requested(list which phase(s) applies to each item)
Final _____ Adequate _____
- Applicant/Agent Name, Address, Phone No. _____
- Property Owner(s) Name, Address, Phone No. _____
- Property Location/Street Address _____
- Present use of Property _____
- Property I.D. No.(s) _____
- Present Zoning _____ Proposed Zoning (if applicable) _____ Total Acres _____
- Subdivision name (if applicable) _____ Ordinance No. _____
PUD Name (if applicable) _____ Ordinance No. _____
- Brief Description of Proposed Development _____

10. Trip Generation and Phasing Schedule: Provide the type, amount and trip generation of the development by Phase (Refer to Table 1, attached, ITE Trip Generation (latest edition) or the Concurrency Coordinator for trip generation rates)

Residential

Phase Number	Type of Residential (e.g. SF, MF, Condo)	DUs	Date Phase to Begin	Date Phase to End	Total ADTs Generated

Non-Residential

Phase Number	Type of Development (e.g. Retail, Office, Restaurant)	SQ. FT.	Date Phase to Begin	Date Phase to End	Total ADTs Generated

11. Water/Sewer availability of capacity (check if attached):

- _____ If within service area of Fernandina Beach, Hilliard or Callahan, attach a letter certifying available capacity for each development phase.
- _____ If within a private service area, attach a letter certifying available capacity for each development phase.
- _____ If a private well or septic tank will be used, permits will be required by the Nassau County Health Department, the St. Johns River Water Management District or the Florida Department of Environmental Services, as applicable.

12. Name of utility providing service to the development (obtain water and sewer demand from utility provider)

Water _____ Total water demand (gal./day) _____
 Sewer Total sewage demand (gal./day) _____ Total sewage demand (gal./day) _____

13. Drainage - State that the project will comply with all federal, state, regional and local regulations

14. Solid Waste - Provide solid waste generation (pounds/day) by phase using the following formulas:

Residential: Number of Dwelling Units X 2.68 persons X 6.45 lbs. = Total Pounds per Day.
 Commercial: Container Size (cu.yd.) X 500 Lbs. X Number of Pickups per week / 7 = Total Lbs. Per Day.

	Phase 1	Phase 2	Phase 3
a. Residential	_____	_____	_____
b. Commercial	_____	_____	_____

15. Provide the type(s) of solid waste which will be generated by the development: _____

16. Will any hazardous waste be generated? If yes, Provide type(s) and quantity. _____

17. Recreation - (residential uses only) - Determine recreation demand by using the following formulas:

	Phase 1	Phase 2	Phase 3
a. Play Area/ Tot Lot (DUs X 2.68 X 0.5 acres / 1000 pop.)	_____	_____	_____
b. Neighborhood Park/Play Field (DUs X 2.68 X 2.0 acres / 1000 pop.)	_____	_____	_____
c. Community Park (DUs X 2.68 X 2.0 acres / 1000 pop.)	_____	_____	_____
d. Community Passive Space (DUs X 2.68 X 1.0 acres / 1000 pop.)	_____	_____	_____
e. District/Metro Area Parks (DUs X 2.68 X 5.0 acres / 1000 pop.)	_____	_____	_____
f. Regional/State Parks (DUs X 2.68 X 20 acres / 1000 pop.)	_____	_____	_____
g. Beach Access w/ parking (DUs X 2.68 X 0.5 acres / 1000 pop.)	_____	_____	_____
Total	_____	_____	_____

18. Does the property access a roadway within the boundaries of the City of Fernandina Beach, Hilliard or Callahan? _____

19. Attach the following to this application:

- a. Legal Description (Attach as Exhibit A)
- b. Nassau County Tax Assessors Map. (Clearly outline the boundaries of the property included in this application) (Attach as Exhibit B)
- c. Owner's authorization, if applicable.
- d. Appropriate Traffic Study.
- e. Water/ Sewer availability letter, if applicable.

I/WE HEREBY CERTIFY THAT ALL INFORMATION IS CORRECT:

Signature of all owners or authorized person if letter of authorization is attached:

Printed or typed name(s): _____

Signature(s): _____

ADDRESS AND TELEPHONE NUMBER OF PERSON TO RECEIVE ALL CORRESPONDENCE REGARDING THIS APPLICATION: Name: _____ Phone: _____ Fax: _____

Note: If the application is determined incomplete, the applicant will be notified within 10 days of submission.

_____ Item 14., added solid waste formula for commercial, revised formula for residential.

c:\concurrency\cdappl.xls