

***Please note that incomplete concurrency packets will not be accepted.***

## **CITY OF CAPE CANAVERAL CONCURRENCY COMPLIANCE REVIEW PACKET**



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**Incomplete concurrency packets will not be accepted. After all concurrency evaluations have been completed the following evaluation will be finalized and approved by the Community Development Director.**

**Please forward completed Concurrency Compliance Packet to: City of Cape Canaveral, Community Development, 100 Polk Avenue, P.O. Box 326, Cape Canaveral, FL 32920.**

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## **INSTRUCTIONS**

It is the responsibility of the applicant to secure all required concurrency forms.

The applicant shall forward the enclosed forms to the appropriate agency (as indicated on the top of each form). Once all of the forms have been gathered, the completed packet can be submitted to the Community Development department for final action.

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**City of Cape Canaveral  
Community Development  
100 Polk Avenue, Cape Canaveral, FL 32920  
Phone: (321) 868-1220 Fax: (321) 868-1247**

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**CONCURRENCY COMPLIANCE REVIEW APPLICATION**

Date of Application: \_\_\_\_\_  
Applicant/Contractor: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Legal Description: \_\_\_\_\_

**Construction Information**

Type of Construction:  New Construction       Addition/Alteration  
Total # of units at build-out: \_\_\_\_\_  
Total # of bedrooms per unit: \_\_\_\_\_  
Total # of bathrooms or plumbing fixtures at build-out: \_\_\_\_\_  
Does the project represent a significant impact to the existing property?  
 Yes     No     I don't know

**Development Potential**

Site Acreage: \_\_\_\_\_  
Type of use:  Residential     Non-Residential  
If residential, type of residential use: \_\_\_\_\_  
Total # of units at build-out: \_\_\_\_\_  
If non-residential, specific uses: \_\_\_\_\_  
Proposed square footage: \_\_\_\_\_

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**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:  
St. John River Water Management District (SJRWMD)  
C/O John Julianna, District Supervisor  
Fax: (321)722-5357**

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**WETLANDS**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

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

(Include map of site location)

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**This section to be completed by SJRWMD**

1. Do you consider any of the property contained in the above legal description to be wetlands?  
 Yes  No ... If yes, has the developer obtained a permit from SJRWMD?  Yes  No

2. This Certification is:  Approved  Denied

3. Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, (Title) \_\_\_\_\_

hereby certify that the above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note that incomplete concurrency packets will not be accepted.***

**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:**

**Brevard County – Solid Waste Division  
2725 Judge Fran Jamieson Road, Viera, FL 32940  
Phone: (321) 633-2042 Fax: (321)633-2038**

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**SOLID WASTE**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

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**Applicant must complete the attached Brevard County Solid Waste Department Capacity Reservation Certificate.**

***Please note that incomplete concurrency packets will not be accepted.***

**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:**

**Waste Pro**

**Attn: Dan Robson, Representative**

**2951 W. King St., Cocoa, FL 32926**

**Phone: (321) 837-0055 Fax: (321) 639-8968**

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**WASTE MANAGEMENT**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

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**Waste Pro: Please refer to the attached "Concurrency Compliance Review Application" for additional project information. This correspondence is to advise you of forthcoming new development.**

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**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:**

**Community Development Department  
100 Polk Avenue, Cape Canaveral, FL 32920  
Phone: (321) 868-1220 Fax: (321) 868-1247**

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**ROADWAYS**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

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**This section to be completed by City of Cape Canaveral Community Development Department.**

1. Characteristics of primary access street.
  - Street name: \_\_\_\_\_
  - Traffic count station: \_\_\_\_\_
  - Classification: \_\_\_\_\_
  - Responsible entity:  City       County       State
  - Current peak hour traffic: \_\_\_\_\_
  - Current level of service standards: \_\_\_\_\_
  - Project trips generated at build-out: \_\_\_\_\_
  - L.O.S. after project impact: \_\_\_\_\_ Adopted L.O.S.: \_\_\_\_\_
2. Summary of impact on roadway network: \_\_\_\_\_
3. Comments: \_\_\_\_\_
4. Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

I, \_\_\_\_\_, (Title) \_\_\_\_\_

hereby certify that the above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please note that incomplete concurrency packets will not be accepted.***

**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:**

**City of Cape Canaveral Public Works Services Department**

**601 Thurm Boulevard, Cape Canaveral, FL 32920**

**Phone: (321) 868-1240 Fax: (321) 868-1233**

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**SANITARY SEWER**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

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**This section to be completed by City of Cape Canaveral Public Works Services Department.**

1. Is the site within an existing service area?     Yes     No
2. Maximum sewer discharge of project: \_\_\_\_\_
3. Average flow plus new construction reservation: \_\_\_\_\_
4. Design capacity: \_\_\_\_\_
5. Flow after project impact: \_\_\_\_\_
6.     Approved     Denied

I, \_\_\_\_\_, (Title) \_\_\_\_\_

hereby certify that the above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



***Please note that incomplete concurrency packets will not be accepted.***

**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:  
a State of Florida Registered Engineer.**

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**DRAINAGE**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

1. Does on-site stormwater management facilities comply with the adopted Level-of-Service-Standards?  
(Refer to City of Cape Canaveral Comprehensive Plan, Objectives D-1 & D-2).

2. This certificate is:  Approved  Denied

3. Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, (Title) \_\_\_\_\_

hereby certify that the above is true and correct to the best of my knowledge.

Engineer Seal:

***Please note that incomplete concurrency packets will not be accepted.***

**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:**

**City of Cape Canaveral Leisure Services Department**

**7300 N. Atlantic Avenue, Cape Canaveral, FL 32920**

**Phone: (321) 868-1226 Fax: (321) 868-1227**

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**LEISURE SERVICES**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

Number of Bedrooms per Unit?: \_\_\_\_\_

Total Number of Units at Build-out?: \_\_\_\_\_

Maximum Population of Project (if phased, calculate by phases): \_\_\_\_\_

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**This section to be completed by City of Cape Canaveral Leisure Services Department.**

1. Recreation Service Area: \_\_\_\_\_

2. Existing L.O.S. in Service Area: \_\_\_\_\_

3. Adopted L.O.S. in Service Area: \_\_\_\_\_

4. Projected L.O.S. after Impact: \_\_\_\_\_

5. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6.  Approved  Denied

I, \_\_\_\_\_, (Title) \_\_\_\_\_

hereby certify that the above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**THE FOLLOWING CERTIFICATE MUST BE COMPLETED AND CERTIFIED BY:**

**City of Cocoa Engineering Department  
351 Shearer Street, Cocoa, FL 32922  
Phone: (321) 433-8795 Email: lettman@cocoafl.org**

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**CITY OF COCOA ENGINEERING DEPARTMENT**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

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**This section to be completed by City of Cocoa.**

1. Is the site within an existing service area?     Yes     No
2. Current Reserved Capacity?: \_\_\_\_\_
3. Adopted Level-of-Service Standard: \_\_\_\_\_
4. Maximum Usage (GPD): \_\_\_\_\_
5. Projected Level-of-Service After Impact: \_\_\_\_\_
6.     Approved     Denied

I, \_\_\_\_\_, (Title) \_\_\_\_\_

hereby certify that the above is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONCURRENCY EVALUATION CERTIFICATE — FINAL STATISTICS**

Applicant: \_\_\_\_\_

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

Project Address: \_\_\_\_\_

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

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**This section to be completed by City of Cape Canaveral Community Development Director.**

In analyzing the information appearing on this evaluation will the proposed project be served in a concurrent manner by the following public facilities/services in accordance with the City of Cape Canaveral's adopted Level-of-Service-Standards?

Roadways:  Yes  No

Leisure Services:  Yes  No

Sanitary Sewer:  Yes  No

SJRWMD:  Yes  No

Potable Water:  Yes  No

Drainage:  Yes  No

Solid Waste:  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Results of Concurrency Review**

Approved  Denied

This Certificate shall be valid according to the requirements of the City's Concurrency Management System, as per the City of Cape Canaveral Code of Ordinances.

Certified and Approved by (Signature): \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_