



# School Capacity Availability Determination (SCAD) Application

**Instructions:** At least 30 days prior to seeking approval from County/local government, please submit a complete application to the School District for SCAD review. A determination will be provided within twenty (20) days of receipt of a complete application. A determination is not transferable and is valid for one year from the date of issuance. Once a Development Order (DO) is issued, the SCAD determination shall be valid for the life of the DO.

**Choose the type(s) of application:** Fees: \$200.00 for 20 units and more or \$100.00 for under 20 units

- Re-Zoning     Future Land Use Atlas (FLUA) Amendment     Development Order (D.O.) or Amendment to D.O.     No Impact

PART I - PROJECT INFORMATION			
PROJECT NAME		MUNICIPALITY	
<input style="width:100%;" type="text"/>		<input style="width:100%;" type="text"/>	
PROPERTY CONTROL NUMBER(s)			
<input style="width:100%;" type="text"/>			
PROPERTY ADDRESS	CITY	STATE	ZIP CODE
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
GENERAL LOCATION			
<input style="width:100%;" type="text"/>			
PROPERTY ACREAGE	SAC	PLANNING AREA	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

**Complete the following table(s) according to your request(s). Please also provide agent consent form, a copy of the warranty deed and a brief statement on project description & development history on a separate sheet.**

**For Re-Zoning**

Existing Use of Land		Proposed Use of Land	
Current Zoning Designation		Proposed Zoning Designation	
Total No. of Units Permitted		Max No. of Units Permitted	
<b>Net Increase in Number of Units</b>			

**For Future Land Use Atlas (FLUA) Amendment**

Existing Use of Land		Proposed Use of Land	
Current FLU Designation		Proposed FLU Designation	
Total No. of Units Permitted		Max No. of Units Permitted	
<b>Net Increase in Number of Units</b>			

**For Development Order (D.O.) or Amendment to D.O.**

Project Information		Unit Type	Number of Units
Total Number of Units Proposed		Single-Family	
Are there previous approval(s)* (Y/N)		Multi-Family (other than Apartments)	
Will the Project be Phased?*** (Y/N)		Apartments (3 stories or less)	
		High Rise Apartments (4 stories or more)	
		Age Restricted (Adults Only)**	

\* If applicable, please attach previous approval letter(s).

\*\* A Restrictive Covenant is required for age restricted communities.

\*\*\* If applicable, please attach a Phasing Plan showing the number and type of units to receive certificate of occupancy yearly.

**Ownership/Agent Information:**

OWNER'S NAME	OWNER'S EMAIL ADDRESS	TELEPHONE NUMBER	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
AGENT'S NAME	AGENT'S EMAIL ADDRESS	TELEPHONE NUMBER	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
MAILING ADDRESS	CITY	STATE	ZIP CODE
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

I hereby certify the statements or information made in any paper or plans submitted herewith are true and correct to the best of my knowledge.

\_\_\_\_\_  
Owner or Owner's Agent Signature

\_\_\_\_\_  
Date

