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

PROPERTY CONTROL NUMBER(s)

PROPERTY ADDRESS

CITY

STATE

ZIP CODE

GENERAL LOCATION

PROPERTY ACREAGE

SAC

PLANNING AREA

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

<table>
<thead>
<tr>
<th>Existing Use of Land</th>
<th>Proposed Use of Land</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Zoning Designation</td>
<td>Proposed Zoning Designation</td>
</tr>
<tr>
<td>Total No. of Units Permitted</td>
<td>Max No. of Units Permitted</td>
</tr>
</tbody>
</table>

Net Increase in Number of Units

For Future Land Use Atlas (FLUA) Amendment

<table>
<thead>
<tr>
<th>Existing Use of Land</th>
<th>Proposed Use of Land</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current FLU Designation</td>
<td>Proposed FLU Designation</td>
</tr>
<tr>
<td>Total No. of Units Permitted</td>
<td>Max No. of Units Permitted</td>
</tr>
</tbody>
</table>

Net Increase in Number of Units

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

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

* 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

AGENT’S NAME

AGENT’S EMAIL ADDRESS

TELEPHONE NUMBER

MAILING ADDRESS

CITY

STATE

ZIP CODE

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

PBSD 1991 (Rev. 11/1/2016)
PART II - LOCAL GOVERNMENT REVIEW

<table>
<thead>
<tr>
<th>DATE APPLICATION FILED</th>
<th>PETITION # - RE-ZONING</th>
<th>PETITION # - FLU</th>
<th>PETITION # - D.O.</th>
<th>PETITION # - NO IMPACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVIEWED BY (Please print)</td>
<td>EMAIL ADDRESS</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Did the applicant pay the filing fee to you?  □ YES (Please attach proof of payment)  □ NO (Applicant must pay to the School District)

Additional Information

*Please refer to the SCAD Letter(s) for District staff determination.