



**TOWN OF HILLIARD**  
**CONCURRENCY APPLICATION (SCHOOL IMPACT)**  
15859 W CR 108 Hilliard, FL 32046  
Phone: 904-845-3555 | [cs@townofhilliard.com](mailto:cs@townofhilliard.com)

**For Staff Only**

File #: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_

Payment Processed By:  
\_\_\_\_\_

## Concurrency Application (School Impact)

### **A. Property**

1. Project Name: \_\_\_\_\_
2. Address of Subject Property: \_\_\_\_\_
3. Parcel ID Number(s): \_\_\_\_\_
4. Existing Use of Property: \_\_\_\_\_
5. Future Land Use Map Designation: \_\_\_\_\_
6. Existing Zoning Designation: \_\_\_\_\_
7. Acreage of Parcel: \_\_\_\_\_

### **B. Applicant**

1. Applicant's Status       Owner (title holder)       Agent
2. Name of Owner(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company (If applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_
3. If the applicant is agent for the property owner\*:  
Name of Owner(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
Company (If applicable): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

\*Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner



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**C. PROJECT DESCRIPTION**

Residential- Dwelling Units

**D. ATTACHMENTS**

1. Copy of Warranty Deed or other proof of ownership
2. Legal description
3. Survey
4. Site Plan
5. Agent Authorization, if applicant is not owner.
6. Town of Hilliard- School Impact Analysis Form

**E. FEE**

1. \$150

*No application shall be accepted for processing until the required application fee is paid in full.*

**All attachments are required for a complete application. A completeness review of the application will be conducted within ten (10) business days of receipt. If the application is determined to be incomplete, the applicant will be required to provide the needed documents prior to approval of work. Work prior to approval will result in a Code Enforcement Violation.**

I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge.

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Signature of Applicant

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Signature of Co-applicant

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Typed or printed name and title of applicant

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Typed or printed name of co-applicant

---

Date

---

Date

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_ as identification.

NOTARY SEAL

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Signature of Notary Public, State of \_\_\_\_\_



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## School Impact Analysis (SIA) Form

### INTRODUCTION

New residential development is required to demonstrate compliance with school concurrency as regulated in Nassau County through the Hilliard Comprehensive Plan Public School Facilities Element and the Interlocal Agreement for Public School Facility Planning adopted by the County on July 14, 2008. No new residential rezoning, preliminary plat, site plan or functional equivalent may be approved by the Town unless the residential development is exempt from requirements outlined in Section 9.13 of the Amended Interlocal Agreement OR a School Concurrency Reservation Letter has been issued by the School Board indicating that adequate school facilities exist.

### Application Process for School Concurrency:

1. Submittal of Development Application, including this School Impact Analysis (SIA) Form.
2. Town Staff transmit SIA to Nassau County School Board.
3. The Nassau County School Board reviews the SIA Form per requirements in the Interlocal Agreement and makes a determination of capacity.
4. If sufficient capacity is available, the School Board will issue a School Concurrency Reservation Letter. This letter indicates only that school facilities are currently available, and capacity is not reserved until the Town of Hilliard issues a Certificate of Concurrency.
5. Upon receipt of a School Concurrency Reservation Letter, the Town of Hilliard will issue a Certificate of Concurrency for the development. Certificates are valid for a two (2) year period. Approved construction plans or building permits extend the life of the certificate concurrent with the expiration of the applicable plan or permit.
6. If sufficient capacity is not available, the School Board will issue a Concurrency Deficiency Letter. at which time the applicant will be offered the opportunity to enter into a negotiation period to allow time for the mitigation process as outlined in the Interlocal Agreement. At the end of the negotiation period, the School Board will issue a School Concurrency Reservation Letter where mitigation has been mutually agreed upon; or if mitigation has not been agreed upon, a School Concurrency Deficiency Letter. If a Reservation Letter is drafted, the County will issue a subsequent Certificate of Concurrency.

### KEY CONTACTS

Lee Anne Wollitz, Land Use Administrator at [lwollitz@townofhilliard.com](mailto:lwollitz@townofhilliard.com) or 904-675-6171.

### Owner of Record – As recorded with the Nassau County Property Appraiser

Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_

Company (if applicable): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

### If the applicant is agent for the property owner\*

Name of Owner (titleholder): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*If an agent will be representing the owner, an Owner's Authorization for Agent form must be included.**



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Pin : \_\_\_\_\_

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

Access Road: \_\_\_\_\_

City / County – Maintained       Private Road

Size of Property: \_\_\_\_\_ Present Property Use: \_\_\_\_\_

Zoning District \_\_\_\_\_ Future Land Use Map: \_\_\_\_\_

Wetlands: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ Water & Sewer: \_\_\_\_\_

Project Description (Use separate sheet if necessary)  
\_\_\_\_\_  
\_\_\_\_\_

Number of Dwelling Units Proposed (Total): \_\_\_\_\_

Number of Dwelling Units Proposed (By Type): \_\_\_\_\_

Single – Family Detached: \_\_\_\_\_

Single – Family Attached: \_\_\_\_\_

Multi-Family : \_\_\_\_\_

List any applications under review or approved which may assist in the review of this application:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information is true and correct. I understand that reasonable inspections of the project may be made as part of the application review process. I understand that I will incur any costs associated with third-party review fees. I also understand that any material misrepresentations or errors contained in this application or supporting documents may void an approved application, at the reasonable determination of the Town considering the Land Development Code, Comprehensive Plan, and other applicable regulations.

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Signature

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Print

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Date