Control No. _____

City of Ocala
Department of Planning & Development
Planning & Zoning Division
201 SE 3rd Street, Second Floor, Ocala, FL 34471
Phone: (352) 629-8404 Fax: (352) 629-8308
Email: planning@ocalafl.org Website: www.ocalafl.org

# CAPACITY RESERVATION REQUEST

Date: _____

1. Project Name: _____

2. Property Owner: _____

3. Name of Petitioner(s): _____

4. Address of Petitioner(s): _____

City _____ State _____ Zip Code _____ Phone # _____

Fax # _____ Email address _____

5. a. Parcel account number(s) [from tax roll]: _____

b. Property location/address: _____

c. Section _____ Township _____ Range _____ Size of Property _____

6. Do you choose to reserve capacity? Y N If no, fill out a deferral affidavit

7. Type of Development Order (enter letter in box): ☐

a. DRI*
b. Building Permit*
c. Rezoning
d. Site Plan*
e. Final Shopping Center Plan*
f. PUD Conceptual Plan
g. Final PUD Plan*
h. Preliminary Plat
i. Land Use Amendment
j. Concurrency Development Agreement*

*Final Development Order. A Final DO cannot defer payment.

8. a. Proposed Use: _____

b. Square footage of structure (commercial, industrial, institutional, office): _____

c. Number of dwelling units (single, multifamily or mobile home): _____

d. Number of rooms (ACLF, hotel/motel): _____



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e. Number of beds (hospital or nursing home): _____

f. Number of screens (movie theatre): _____

g. Number of pumps (gas station): _____

h. Number of students (daycare or school): _____

i. Number of seats (beauty salon or restaurant): _____

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**STAFF USE ONLY:**

a. Date received: _____
b. DO Application accepted as complete: Y N
c. Capacity reservation application for:
   1. Transportation only
   2. Transportation, water & sewer
d. Capacity reservation application fees paid: Y N
   1. $100 Inquiries or minimal review
   2. $750 Basic review
   3. $900 if Alternate data is submitted
e. Transportation Impacts: Y N
f. Project Type Code (ITE Manual Latest Edition): _____
g. Project Trip Generation (AADT/Peak Hour): _____
h. Review Required: _____ Statement _____ Assessment _____ Study
i. Traffic Impact Analysis Review Fees:
   1. Statement: No additional fee
   2. Assessment: $1,000 assessed by the Traffic Engineering Department
   3. Study: $2,000 assessed by the Traffic Engineering Department