

1. Property Owner's Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____
2. Applicant's (Optionee) Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____
3. Agent's Name: _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____
4. Other Contact Person (if applicable): _____
Mailing Address: _____

City State Zip
Telephone #: _____ FAX#: _____
E-Mail Address: _____
5. Parcel Identification Number: _____
6. Project Name: _____
7. Property Address: _____
8. Property Zoning: _____
9. Related Applications(s) (if applicable): _____

10. Number of Dwelling Units: _____
11. Type(s) of Dwelling Units: _____
12. Base Square Footage of Dwelling Units: _____

Leon County Schools staff use only:

School concurrency service areas (attendance zones) in which property is located.

Elementary:

Middle:

High:

Present capacity: _____

Post Development capacity: _____

Is additional coordination with Leon County Schools necessary? ☐ Yes ☐ No

This form is required by §8.3 of the Public School Concurrency and Facility Planning Interlocal Agreement as adopted on September 1, 2006 by the City of Tallahassee, Leon County, and Leon County School Board. Pursuant to §6.4 of the Agreement, the City or County will transmit the School Impact Analysis Form to a designated employee of the School Board for review at the same time the application is submitted to all departments for review.