

**HILLSBOROUGH COUNTY
PLANNING & GROWTH MANAGEMENT**

APPLICATION FOR PROPORTIONATE FAIR SHARE MITIGATION

NOTE: Prior to submitting this application, please schedule and attend a pre-application conference with the County's Transportation and Land Use Division: phone 276-8428.

Owner/Applicant Information:

Name: _____ Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Ext. _____ Fax: (____) _____
Email: _____

Agent/Applicant Information:

Name: _____ Business: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Ext. _____ Fax: (____) _____
Email: _____

SITE INFORMATION: Folio # _____

Street Address: _____

Section/Township/Range _____

Current Use/Zoning _____

PROJECT INFORMATION:

Project # if available: _____

Project Name: _____

Is this application accompanied by other applications?
If yes, what are the application numbers?

If this is a DRI, list the project name and number:

NOTE: Please fill out Exhibit B at the end of this application. This information will be incorporated into your Proportionate Fair Share Agreement.

Check appropriate Fee

0 – 1,000 trips \$2,000 application fee

1,001 – 10,000 trips \$4,000 application fee

10,001 – above trips \$6,400 application fee

Applicant's
Initials

Technician's
Initials

Copy of project TIS or letter indicating that TIS is already submitted to Transportation & Land Use Review Division

Three (3) copies of location map depicting site and affected road network

Letter indicating date of pre-application conference with Transportation & Land Use Review Division

A proportionate fair share calculations summary sheet for each impacted link

NOTE: you can obtain a copy of the CIE from the planning division or at the following web site WWW.theplanningcommission.org/hillsborough/comprehensive%20plan

Application Certification:

I HEREBY SWEAR OR AFFIRM THAT ALL THE INFORMATION PROVIDED IN THE SUBMITTED APPLICATION PACKET IS TRUE AND ACCURATE, TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE REPRESENTATIVE LISTED ABOVE TO ACT ON MY BEHALF ON THIS PETITION.

I HEREBY AUTHORIZE THE PROCESSING OF THIS APPLICATION AND RECOGNIZE THAT THE FINAL ACTION TAKEN ON THIS PETITION SHALL BE BINDING TO THE PROPERTY AS WELL AS TO THE CURRENT, AND ANY FUTURE OWNERS.

Signature of the Applicant

Date

Signature of the Owners

Date

Type or Print Name Legibly

Type or Print Name Legibly

Exhibit B

Project Land Use Type and Quantity:

Land Use * (example: single family, multi-family, retail commercial)	Quantity (number of residential units, square footage of non-residential building, or other appropriate unit)

List of Land Uses are included in Impact Fee Schedule (see www.hillsboroughcounty.org/pgm/impactfees/resources/forms)

Please provide phasing schedule, if applicable: _____

Project Trip Information

Is the project a Traffic Impact Statement (TIS) methodology approved by the County: Yes ___ No ___
If deficient link or links identified as part of TIS review (please complete next section)

Proportionate Link Trip Information

Prop-Share Link #* (Deficient Link)	Net new peak hour, peak season, peak direction trips	Link Length (miles)	Prop-share link Vehicle Miles Traveled (VMT)

Link numbers are available on link detail report (see www.hillsboroughcounty.org/pgm/resources/publications)

Project Network Trip Information

Project total net new Peak hour, peak Season, peak direction trips	Project Total AADT	Total Project Vehicle Miles Traveled (VMT)

Proportionate Fair Share Mitigation Link Information

Deficient Link #	On Street	From Street	To Street	Is Link in County's Current CIE