



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		MUNICIPALITY	
<input style="width:95%;" type="text"/>		<input style="width:95%;" type="text"/>	
PROPERTY CONTROL NUMBER(s)			
<input style="width:95%;" type="text"/>			
PROPERTY ADDRESS	CITY	STATE	ZIP CODE
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>
GENERAL LOCATION			
<input style="width:95%;" type="text"/>			
PROPERTY ACREAGE	SAC	PLANNING AREA	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	

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

Existing Use of Land		Proposed Use of Land	
Current Zoning Designation		Proposed Zoning Designation	
Total No. of Units Permitted		Max No. of Units Permitted	
Net Increase in Number of Units			

For Future Land Use Atlas (FLUA) Amendment

Existing Use of Land		Proposed Use of Land	
Current FLU Designation		Proposed FLU Designation	
Total No. of Units Permitted		Max No. of Units Permitted	
Net Increase in Number of Units			

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

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

* 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	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
AGENT'S NAME	AGENT'S EMAIL ADDRESS	TELEPHONE NUMBER	
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	
MAILING ADDRESS	CITY	STATE	ZIP CODE
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

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

