SCHOOL IMPACT ANALYSIS FORM

Agent Name: **Applicant Name**: **Address:**	**Date**: **Telephone:** **Fax:** **Email:**

① **Location of the proposed Comprehensive Plan Amendment or Rezoning:**

Tax ID #:
Property address:
Related Application(s):

② **Type of requested change (check one):**

☐ Comprehensive plan land use amendment that permits residential development.
☐ Rezoning that permits residential development.
☐ Nonresidential land use amendment adjacent to existing residential development.
☐ Nonresidential rezoning adjacent to existing residential development.

③ **Proposed change in Future Land Use or Zoning classification:**

☐ *Comprehensive plan land use*   From: _____   To: _____

☐ *Zoning*   From: _____   To: _____

Planning Department staff use only:

④ **Maximum potential number of dwelling units permitted by the request:**

Number of dwelling units: _____
Type(s) of dwelling units: _____

Leon County Schools staff use only:

⑤ **School concurrency service areas (attendance zones) in which property is located.**

Elementary:	*Middle:*	*High:*
Present capacity _____%	_____%	_____%
Post Development capacity_____%	_____%	_____%