



**Application  
For Amendment of  
Future Land Use Map Designation**



**Instructions:** *Please review the document “Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County” prior to completing this application.*

*A pre-application conference with TLCPD staff must be completed prior to the application deadline.*

**A. APPLICANT INFORMATION**

Applicant Name: Up Campus Student Living, LLC

Address: 560 W. Washington Blvd., Suite 200

Chicago, IL 60661

Telephone: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Property located in:  X  City       Unincorporated County

Tax I.D.(s) #: 21-35-50-057-687-0, 21-36-50-057-683-0, 21-36-50-057-682-5 & 21-36-50-057-682-0

Parcel size (acres): 2.15

Current Future Land Use Map designation: UT

Requested Future Land Use Map designation: CC

**B. REQUIRED ATTACHMENTS**

*The items below are required components of a complete application. Information on preparing these items is included in the document “Comprehensive Plan Future Land Use Map Amendment Process and Application Information for The City of Tallahassee and Leon County.” Please include each item as a numbered attachment to your application. Initial each item on this application to indicate that it is complete and attached.*

- X  Attachment 1: Completed pre-application conference form
- X  Attachment 2: Completed “Affidavit of Ownership & Designation of Agent” form
- X  Attachment 3: Copy of legal description or deed (acreage should be estimated at end)
- X  Attachment 4: Completed Rezoning Application necessary to implement the proposed land use change, available at <https://www.tal.gov.com/place/pln-luapps.aspx>. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.

- Attachment 5: Completed School Impact Analysis Form.
- Attachment 6: Potable Water and Sanitary Sewer capacity and availability letter.
- Attachment 7: Transit service analysis
- Attachment 8: Answers to the questions below regarding the proposed change on a separate page:

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.

[https://www.talgov.com/Uploads/Public/Documents/place/comp\\_plan/tlc-cp00-introd.pdf](https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf)

### C. OPTIONAL ATTACHMENTS

*The Planning Department encourages applicants to address the two optional attachments below. Please initial the attachments included in your application.*

- N/A Attachment 9: Informal Neighborhood Meeting Form
- N/A Attachment 10: Sustainable Development Pattern Survey

### D. ADDITIONAL APPLICATION REQUIREMENTS

*Initial each item on this application to indicate that it is complete.*

- One (1) signed original of the completed application, attachments, and supporting documentation
- One (1) electronic version of the completed application, attachments, and supporting documentation shall be submitted on a CD, DVD, or USB Flash Drive. The required format for all text documents is MS Word or PDF. The required file format for all maps drawings and graphics is PDF, JPEG, PNG, or TIFF.
- Application fee in the form of a check payable to the City of Tallahassee or Leon County Board of County Commissioners.
- Commitment to pay the rezoning application fee after the Local Planning Agency Public Hearing

**APPLICATION DEADLINE:**  
**Friday, September 23, 2022 5:00 PM (EST)**

Applicants' signature below certifies that the applicant understands that the Future Land Use Map Amendments may require a rezoning; environmental analysis and other permit approvals before development activity can begin. Call the Land Use Administration Division of the Planning Department at 850-891-6400 for information on the rezoning process.

**Received by the Tallahassee-Leon County Planning Department**  
**on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_**

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Signature of Property Owner or Agent



**Pre-Application Conference Form  
For Amendment of Future Land Use Map Designation**



**Instructions:** This form is to be completed during the required pre-application conference. A signed copy of the completed form must be included with your application.

Deadline for pre-application conferences for this amendment cycle is **Wednesday, September 14, 2022**. Please contact the Planning Department in advance to schedule a pre-application conference by calling (850) 891-6400.

Applicant Name: Up Campus Living, LLC Date: 3/10/2023

Telephone: ( ) \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

Property located in: X City \_\_\_\_\_ Unincorporated County  
21-35-50-057-687-0, 21-36-50-057-683-0

Tax I.D. #: 21-36-50-057-682-5 & 21-36-50-057-682-0 Parcel size (acres): 2.15

Current Future Land Use Map designation: UT

Requested Future Land Use Map designation: CC

X Small Scale Amendment (50 acres or fewer) or  
       Large Scale Amendment (more than 50 acres)

Maximum development: Residential units: 322 Nonresidential square feet: \_\_\_\_\_

**Conference Review Items**

- |   |   |
|---|---|
| <u>X</u> Provide application packet                 | _____ Application sufficiency               |
| <u>X</u> Review required attachments                | _____ determination (Insufficient           |
| <u>X</u> Review optional attachments                | _____ information may cause application to  |
| <u>X</u> Review additional application requirements | _____ be continued to the next cycle)       |
| <u>X</u> Review completeness requirement            | _____ Applicant's responsibility to pay for |
|   | _____ rezoning after the Local Planning     |
|   | _____ Agency Public Hearing                 |

**Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Artie White  
Planner

Up Campus Living, LLC  
Applicant



TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT

APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT



I. Ownership.

I, Kim B. Williams, hereby attest to ownership of the property described below:
Parcel I.D. Number(s) 21-36-50-057-683-0 & 21-36-50-057-682-5
Location address: 685 & 679 W Tennessee St. Tallahassee, FL 32304

for which this Application is submitted.
The ownership, as recorded on the deed, is in the name of: GR Leasing, LLC

Please complete the appropriate section below:

Table with 3 columns: Individual, Corporation, Partnership. Includes fields for names of officers and general partners.

Dept. of State Registration No.: L02000025273

Name/Address of Registered Agent: Kim Williams, 222 E. Pershing Street, Tallahassee, FL 32301

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: Moore Bass Consulting, Inc.
Address: 805 N. Gadsden St. Tallahassee, FL 32303
Contact Person: Ben Hood, P.E. Telephone No.: (850) 222-5678

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit.
B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below.



IV. Acknowledgement.

Individual

Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_

Corporation

GR Leasing, LLC  
Print Corporation Name \_\_\_\_\_  
By: [Signature] \_\_\_\_\_  
Signature  
Print Name: Kim Williams  
Its: mgrm  
Address: 212 E. Pershing St  
Tallahassee, FL 32301  
Phone No.: 850-545-1674

Partnership

Print Partnership Name \_\_\_\_\_  
By: \_\_\_\_\_  
Signature  
Print Name: \_\_\_\_\_  
Its: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. : \_\_\_\_\_

Please use appropriate notary block.

STATE OF FL  
COUNTY OF Leon

Individual

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this 1st day of March, 2023, personally appeared Kim Williams of GR Leasing, LLC, a Florida corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, partner/agent on behalf of \_\_\_\_\_, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known \_\_\_\_\_; or  
Produced identification \_\_\_\_\_  
Type of identification produced: \_\_\_\_\_

[Signature]  
Signature of Notary

Print Name: Pamela Fox  
Notary Public

(NOTARY STAMP)

My commission expires:





TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT

APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT



I. Ownership.

I, Kim B. Williams, hereby attest to ownership of the property described below:
Parcel I.D. Number(s) 21-36-50-057-682-0
Location address: 635 W Tennessee St. Tallahassee, FL 32304

for which this Application is submitted.
The ownership, as recorded on the deed, is in the name of:
Kimayda Investments, LLC

Please complete the appropriate section below:

Table with 3 columns: Individual, Corporation, Partnership. Includes fields for names of officers and general partners.

Dept. of State Registration No.: L02000023668

Name/Address of Registered Agent: Kim Williams, 222 E. Pershing St. Tallahassee, FL 32301

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: Moore Bass Consulting, Inc.
Address: 805 N. Gadsden St. Tallahassee, FL 32303
Contact Person: Ben Hood, P.E. Telephone No.: (850) 222-5678

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit.
B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below.



IV. Acknowledgement.

Individual

Signature
Print Name:
Address:
Phone No.:

Corporation

Kimayda Investments, LLC
Print Corporation Name
By: [Signature]
Print Name: Kim B. Williams
Its: Mgrm
Address: 222 E Pershing St. Tallahassee, FL 32301
Phone No.: 850-945-1674

Partnership

Print Partnership Name
By:
Print Name:
Address:
Phone No.:

Please use appropriate notary block.

STATE OF FL
COUNTY OF Leon

Individual

Before me, this \_\_\_ day of \_\_\_, 20\_\_\_, personally appeared \_\_\_ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this 15th day of March, 2023, personally appeared Kim Williams of Kimayda Investments, LLC, a Florida corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this \_\_\_ day of \_\_\_, 20\_\_\_, personally appeared \_\_\_ partner/agent on behalf of \_\_\_ a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Personally known; or
Produced identification
Type of identification produced:

[Signature of Notary]
Signature of Notary

Print Name: Pamela M. Fox
Notary Public

(NOTARY STAMP)

My commission expires:





TALLAHASSEE - LEON COUNTY PLANNING DEPARTMENT



APPLICANT'S AFFIDAVIT OF OWNERSHIP & DESIGNATION OF AGENT

I. Ownership.

I, ROBERT A BEHAR, hereby attest to ownership of the property described below:
Parcel I.D. Number(s) 21-36-50-057-687-0
Location address: 691 W Tennessee St. Tallahassee, FL 32304

for which this Application is submitted.
The ownership, as recorded on the deed, is in the name of:
Summit Capital Partners-Tallahassee VI, LP

Please complete the appropriate section below:

Table with 3 columns: Individual, Corporation, Partnership. Each column has a header and a sub-header (Provide Names of Officers/Partners) followed by three blank lines for input.

Dept. of State Registration No.:
B20000000169

Name/Address of Registered Agent:
Registered Agent, Inc.
7901 4th Street N. Suite 300
St. Petersburg, FL 33702

II. Designation of Applicant's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named above to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief.

Applicant's Agent: Moore Bass Consulting, Inc.
Address: 805 N. Gadsden St. Tallahassee, FL 32303
Contact Person: Ben Hood, P.E. Telephone No.: (850) 222-5678

III. Notice to Owner.

- A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.
B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)



IV. Acknowledgement.

Individual

Signature
Print Name:
Address:
Phone No.:

Corporation

Print Corporation Name
By: Signature
Print Name:
Its:
Address:
Phone No.:

Partnership

Summit Capital Partners-Tallahassee VI, LP
Print Partnership Name
By: Signature
Print Name: ROBERT A BEAHR MD MBA
Its: MANAGER, GENERAL PARTNER
Address: 5555 SAN FELIPE ST, SUITE 1135 HOUSTON TEXAS 77056
Phone No.: 346-247-7000

Please use appropriate notary block.

STATE OF Texas
COUNTY OF Harris

Individual

Before me, this day of , 20, personally appeared who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation

Before me, this day of , 20, personally appeared of a corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership

Before me, this 3rd day of March, 2023, personally appeared Robert A Beahr MD partner/agent on behalf of Summit Capital Partners-Tallahassee VI, LP, a partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

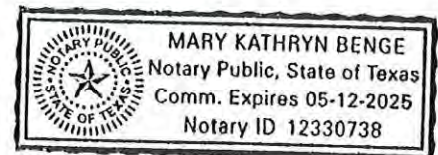
Mary K. Bengé
Signature of Notary

Print Name: Mary K. Bengé
Notary Public

(NOTARY STAMP)

My commission expires: May 12, 2025

Personally known [checked]; or
Produced identification
Type of identification produced:



### **Attachment 3**

Attach a legal description or a copy of the deed for the subject property

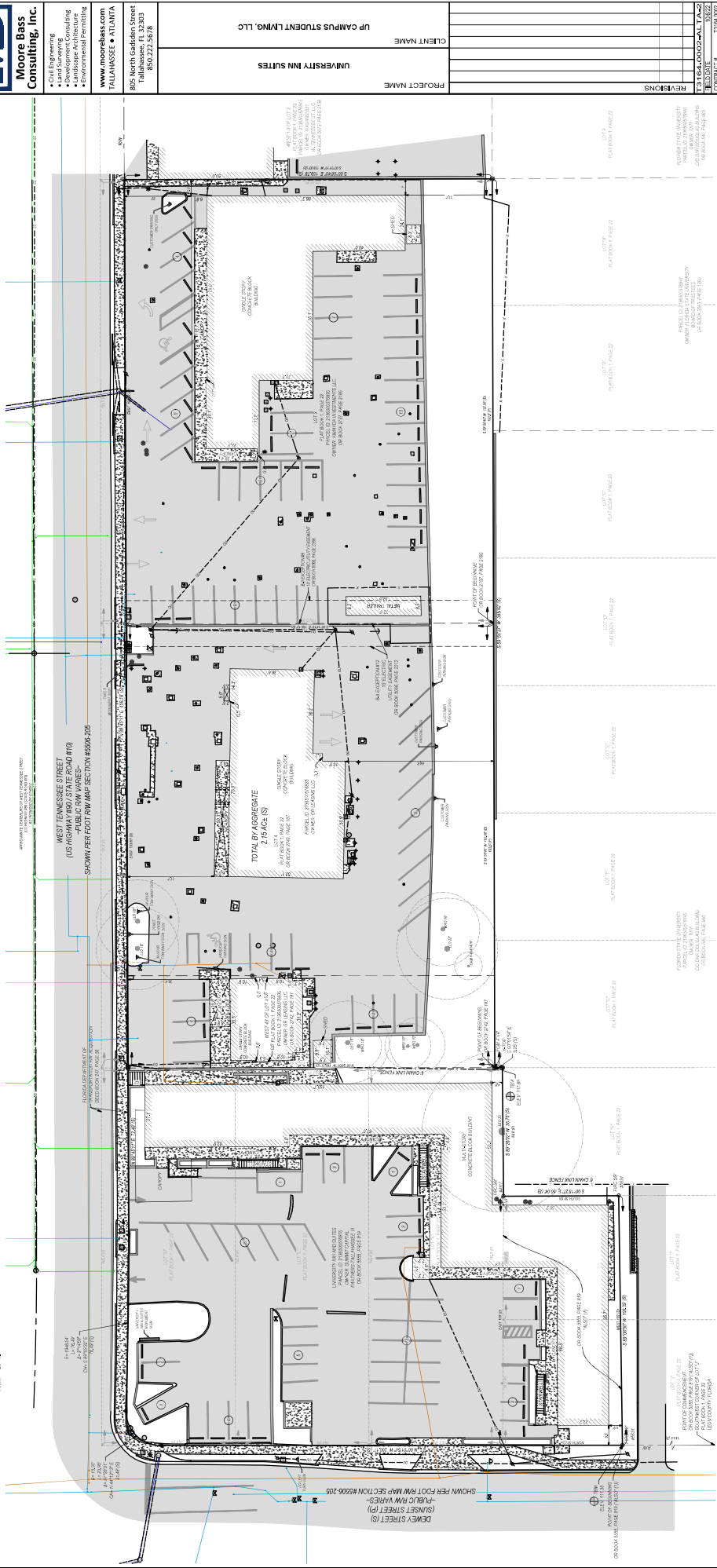
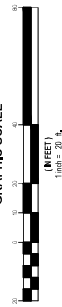




# ALTA/NSPS LAND TITLE SURVEY

## LYING IN SECTION 36, TOWNSHIP 1 NORTH, RANGE 1 WEST LEON COUNTY, FLORIDA

GRAPHIC SCALE  
(IN FEET)  
1 inch = 20 ft.



NO.	DATE	DESCRIPTION
1	11/14/2023	ISSUED FOR PERMIT
2	11/14/2023	ISSUED FOR PERMIT
3	11/14/2023	ISSUED FOR PERMIT
4	11/14/2023	ISSUED FOR PERMIT
5	11/14/2023	ISSUED FOR PERMIT
6	11/14/2023	ISSUED FOR PERMIT
7	11/14/2023	ISSUED FOR PERMIT
8	11/14/2023	ISSUED FOR PERMIT
9	11/14/2023	ISSUED FOR PERMIT
10	11/14/2023	ISSUED FOR PERMIT
11	11/14/2023	ISSUED FOR PERMIT
12	11/14/2023	ISSUED FOR PERMIT
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17	11/14/2023	ISSUED FOR PERMIT
18	11/14/2023	ISSUED FOR PERMIT
19	11/14/2023	ISSUED FOR PERMIT
20	11/14/2023	ISSUED FOR PERMIT
21	11/14/2023	ISSUED FOR PERMIT
22	11/14/2023	ISSUED FOR PERMIT
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96	11/14/2023	ISSUED FOR PERMIT
97	11/14/2023	ISSUED FOR PERMIT
98	11/14/2023	ISSUED FOR PERMIT
99	11/14/2023	ISSUED FOR PERMIT
100	11/14/2023	ISSUED FOR PERMIT

## **Attachment 4**

Include a completed rezoning application (if applicable)

- Rezoning applications for both the City and County are available at <https://www.talgov.com/place/pln-luapps.aspx>.
- For the purpose of applying for a Future Land Use Map change, the Planning Department does not require a Natural Features Inventory to consider your rezoning application complete.
- The application fee for the rezoning is NOT collected at the time of your Application for Amendment of Future Land Use Map Designation. The fee for the rezoning application will be collected after the Local Planning Agency Public Hearing.



# City of Tallahassee APPLICATION FOR REZONING REVIEW

The undersigned, owner of the hereinafter-described property, hereby petitions the City of Tallahassee for the following amendment to the Official Zoning Map:

**Change in Zoning District** Write in the name of the current zoning district(s) in which the property is currently located and the zoning district(s) you are requesting that this property be located within.

**From:** University Transition District (UT)

**To:** Central Core District (CC)

**Location:** The property is designated by the following Leon County Property Tax identification number(s): 21-36-50-057-687-0, 21-36-50-057-683-0, 21-36-50-057-682-5 & 21-36-50-057-682-0

**Project Name:** Mixed-Use at Tennessee & Dewey **Total Acreage:** 2.15

**Legal Description:** Attach a legal description of the property requested to be rezoned.

**Disclaimer:** Granting of requested zoning district does not grant the applicant all development rights prescribed within the zoning district. Subsequent permitting, preliminary site plan and plat review, and final plat review may limit the ability to construct allowable land uses as well as construct allowable land uses to the maximum intensity and/or density of the approved zoning district. All proposed development shall be subject to the applicable land development regulations including, but not limited to the *Tallahassee Land Development Code, Environmental Management Ordinance, and the Concurrency Management System Policy and Procedures Manual.*

**Note:** An electronic version of this application and all supporting documentation shall be submitted on a CD or DVD. Also, an original signed copy of the complete application and supporting documentation shall be submitted to the Planning Department.

The required file format for all text documents is Microsoft Word, WordPerfect or Adobe Acrobat PDF.

The required file format for all maps and drawings is either Adobe Acrobat PDF or TIFF.



**Submitted By:**

Owner's Name(s):

Name: Please see attached list Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip+4: \_\_\_\_\_

Agent's Name(s):

Name: Moore Bass Consulting, Inc. Phone: 850-222-5678  
Email: bhood@moorebass.com Fax: \_\_\_\_\_  
Street: 805 N. Gadsden Street  
City: Tallahassee ST: FL Zip+4: 32303

Optionee's Name(s):

Name: Stephen G. Bus -Phone: \_\_\_\_\_  
Email: sbus@upcampuspropoerties.com Fax: \_\_\_\_\_  
Street: 560 W Washington Blvd. Suite 200  
City: Chicago ST: IL Zip+4: \_\_\_\_\_

Please provide identification of any individual, neighborhood association, or business association with which you have voluntarily met prior to submission of this application.

# SCHOOL IMPACT ANALYSIS FORM

<b>Agent Name:</b> Moore Bass Consulting, Inc.  <b>Applicant Name:</b> UP Campus Properties  <b>Address:</b> 805 N. Gadsden Street Tallahassee, FL 32303	<b>Date:</b> March 6, 2023  <b>Telephone:</b> 850-222-5678 <b>Fax:</b> <b>Email:</b> Bhood@moorebass.com Cackerman@moorebass.com									
<b>① Location of the proposed Comprehensive Plan Amendment or Rezoning:</b>  Tax ID #: 21-36-50-057-687-0, 21-36-50-057-683-0, 21-36-50-057-682-5 & 21-36-50-057-682-0 Property address: 691, 685, 679 & 635 W. Tennessee Street, Tallahassee Related Application(s):										
<b>② Type of requested change (check one):</b>  <input type="checkbox"/> Comprehensive plan land use amendment that permits residential development. <input checked="" type="checkbox"/> Rezoning that permits residential development. <input type="checkbox"/> Nonresidential land use amendment adjacent to existing residential development. <input type="checkbox"/> Nonresidential rezoning adjacent to existing residential development.										
<b>③ Proposed change in Future Land Use or Zoning classification:</b>  <input type="checkbox"/> Comprehensive plan land use From: _____ To: _____  <input checked="" type="checkbox"/> Zoning From: <u>UT</u> To: <u>CC</u>										
<b>Planning Department staff use only:</b>										
<b>④ Maximum potential number of dwelling units permitted by the request:</b>  Number of dwelling units: _____ Type(s) of dwelling units: _____										
<b>Leon County Schools staff use only:</b>										
<b>⑤ School concurrency service areas (attendance zones) in which property is located.</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><b>Elementary:</b></td> <td style="width: 33%;"><b>Middle:</b></td> <td style="width: 33%;"><b>High:</b></td> </tr> <tr> <td>Present capacity _____%</td> <td>_____%</td> <td>_____%</td> </tr> <tr> <td>Post Development capacity _____%</td> <td>_____%</td> <td>_____%</td> </tr> </table>		<b>Elementary:</b>	<b>Middle:</b>	<b>High:</b>	Present capacity _____%	_____%	_____%	Post Development capacity _____%	_____%	_____%
<b>Elementary:</b>	<b>Middle:</b>	<b>High:</b>								
Present capacity _____%	_____%	_____%								
Post Development capacity _____%	_____%	_____%								

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.

## Attachment 6

Attach the potable water and sanitary sewer capacity and availability analysis

- The analysis should be based on the **maximum development potential of the requested category**.
- Contact City of Tallahassee Utilities Department at (850) 891-6105 or Talquin Electric Cooperative at (850) 627-7651 and provide them with a copy of your completed Pre-Application Conference Form indicating the maximum development potential.

To be provided by the City.



# TRANSIT SERVICE ANALYSIS FORM

<b>Agent Name:</b>	<b>Date:</b>
<b>Applicant Name:</b>	<b>Telephone:</b>
<b>Address:</b>	<b>Fax:</b>
	<b>Email:</b>

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

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

② **The proposed site is located within ¼ mile of a stop for the following bus routes:**

**Weekday Routes**

- Azalea
- Big Bend
- Dogwood
- Evergreen
- Forest
- Gulf
- Hartsfield
- Killearn
- Live Oak
- Moss
- Park
- Red Hills
- San Luis
- Southwood
- Tall Timbers
- Trolley

**Campus Routes**

- Seminole Express
- Venom Express

**Other Routes**

- Other Canopy\_\_\_\_\_
- None of the above

*Maps and route schedules are available on the StarMetro website at  
<http://www.talgov.com/starmetro/starmetro-routes.aspx>*

## **Attachment 8**

Attach the Applicant Statement

**Answer the questions on a separate sheet(s)** - these questions provide the applicant with an opportunity to explain why the requested change is needed, impacts of the change, and consistency with our community's Comprehensive Plan.

1. Why do you want to change the Future Land Use Map?
2. Is your request compatible with adjacent and nearby properties?
3. Are there any existing code violations associated with the subject property?
4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan. The Vision Statement is available at the link below.  
[https://www.talgov.com/Uploads/Public/Documents/place/comp\\_plan/tlc-cp00-introd.pdf](https://www.talgov.com/Uploads/Public/Documents/place/comp_plan/tlc-cp00-introd.pdf)



- 🏡 LAND USE PLANNING
- 💡 CIVIL ENGINEERING
- 📐 LAND SURVEYING
- 🌳 LANDSCAPE ARCHITECTURE
- 🏗️ CONSTRUCTION ADMINISTRATION
- 🚁 DRONE LIDAR SURVEYING & MAPPING

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### Attachment 8

Parcel IDs: 21-35-50-057-687-0, 21-36-50-057-683-0,  
21-36-50-057-682-5 & 21-36-50-057-682-0  
MBC: T3164.0002

March 14, 2023

1. Why do you want to change the Future Land Use Map?

**Response: The current land use/zoning district of University Transition (UT) does not allow the intensity nor building height required for the proposed mixed-use project and the current UT zoning will likely result in housing displacement. Changing the future land use to Central Core (CC) will allow the existing dilapidated properties to be redeveloped to their highest potential along with providing a wider range of housing unit types. The current UT zoning encourages only higher-bed count units (4,5,6-Bedroom units), while the CC zoning district will help encourage housing units that can appeal to urban and university.**

2. Is your request compatible with adjacent and nearby properties?

**Response: Yes, this property and the other properties included in this FLUM change, are contiguous to and in very close proximity to other CC zoned properties and the uses are compatible with adjacent and nearby properties.**

3. Are there any existing code violations associated with the subject property?

**Response: There are no known code violations. Separately, one of the properties included in the change to the FLUM was a former Esso/Exxon gas service station and is enrolled in the Florida DEP environmental contamination closure program.**

4. How does your request further the concepts reviewed in the Vision Statement for the Comprehensive Plan? This is an opportunity to explain to citizens and elected officials how the requested change fits into the larger vision provided by the Comprehensive Plan.

**Response: The requested change will promote the goals of the Comprehensive Plan by allowing existing properties to be redeveloped into a high density/intensity mixed-use project along this important corridor of Tallahassee where a range of apartment housing choices are needed to avoid housing displacement. The parcels being considered are located along one of Tallahassee's busiest and most visible streets and directly adjacent to other CC properties. The mixed-use project may include residential, retail and hotel components that will serve to bring people to the downtown area. The project will also improve pedestrian safety through expanded sidewalks, landscape planter**

**buffers, and creative landscape architecture along Tennessee and Dewey Streets, while reducing vehicle trips and parking congestion in the area. The project is near (approximately ½ mile) the Star Metro Bus Station. This will encourage the use of mass transit to and from the proposed development. In addition, the mixed-use aspect of the project will allow patrons and residents to leave their cars parked while visiting multiple businesses, parks or Florida State University.**