

City of Rockledge



Site Plan Review Submittal Guide

Planning Department
Revised May 2008

CITY OF ROCKLEDGE SITE PLAN APPLICATION FORM

Submittal Date: _____

Project Name: _____

Intended Use of Property: _____

Property Location: _____

Tax Account # _____

Tax Parcel Identification:

Twp _____ Rng _____ Sec. _____ S/D _____ Blk/Par _____ Lot _____

Property Owner: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

All correspondence to be provided to applicant at this address:

Name: _____ Company: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Engineer of Record (if different from applicant):

Company Name: _____ Eng. or Proj. Mgr.: _____

Address: _____ Phone: _____ Fax: _____

**CITY OF ROCKLEDGE
REQUEST FOR SITE PLAN REVIEW**

PROJECT NAME: _____	SUBMITTAL DATE: _____
PROJECT LOCATION: _____	PROJECT USE: _____

ITEM	THE FOLLOWING ITEMS ARE REQUIRED AS CIRCLED	RECEIVED
1.	Two (2) copies of Concurrency Evaluation	
2.	Six (6) sets of sealed Site Plans	
3.	Two (2) sets of sealed Tree Surveys	
4.	Two (2) sets of sealed Landscaping Plans	
5.	Tree Removal Permit Application	
6.	Two (2) copies of Erosion/Sedimentation Control Permit Application	
7.	Three (3) sets of Erosion/Sedimentation Control Plans	
8.	Certified copy of recorded Deed	
9.	Copy of all recorded Easements	
10.	One (1) Condominium Document	
11.	Two (2) copies of the St. Johns River Water Management District Permit	
12.	Two (2) copies of Soil Tests	
13.	Two (2) copies of FL. Dept. of Environmental Protection Permit	
14.	Two (2) copies of Florida Department of Transportation Permit	
15.	Two (2) copies of sealed Drainage Plan and Drainage Calculations (100-year on-site)	
16.	Statement of project cost and proposed use	
17.	Site Plan Review Fee	
18.	Environmental Evaluation	
19.	Landscape Bond if greater than 2 acres (25% of cost)	
20.	Miscellaneous comments	

**CITY OF ROCKLEDGE SITEPLAN REVIEW
DOCUMENTATION AND FEES DUE NOVEMBER 2005 REVISED**

Approval Date	Received Date	Project
		CONCEPTUAL PLAN TO BE REVIEWED BY STAFF AND COMMENTS FORWARDED
		SUBMITTAL OF CONSTRUCTION PLANS IN COMPLIANCE WITH THE LDR'S, FEE \$ 1,500.00. MAX
		.
		PLANNING COMMISSION AND CITY COUNCIL APPROVAL IF OVER 25 DUA; 5 ACRES IN SIZE; OR 50,000 S.F. (PLANNING COMMISSION NEEDS 11 - 24X26 INCH DRAWINGS)
		PLANNING COMMISSION MEETING APPROVING PRELIMINARY PLANS
		CITY COUNCIL MEETING APPROVING PRELIMINARY PLANS
		SUBMITTAL OF REVISED CONSTRUCTION PLANS, REQUEST MEETING WITH ALL DEPARTMENT HEADS TO RESOLVE ALL FINAL ISSUES
		APPLICANT SUBMITS FOR ALL REQUIRED PERMITS
		TREE SURVEY NEEDED
		ENVIRONMENTAL REPORT NEEDED HABITAT AND SPECIES
		SITE PLAN MUST SHOW THE FOLLOWING
		Lighting Plan
		Finish floor elevations (6" to 12" above the crown of the adjoining roadway 12 above base flood elevation
		De-cel lanes
		DOCUMENTATION
		St. Johns permit
		A.C.O.E
		FDEP Sewer and water
		Brevard Road cut and Stormwater discharge, if needed
		Department of Interior
		Gopher Tortoise permit
		NPDES
		Concurrency Brevard (Solid waste and City of Cocoa water)
		Soil and sedimentation permit
		Drainage calculations
		Warranty deed
		Survey of property
		Fire hydrant flow data
		Landscape plan and itemized planting cost sheet

Rockledge Site Plan Review

Routing Sheet

To:	Police Fire Building Other:	Waste Waste Treatment Public Works Planner	Date: _____
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Project Name: _____	Lot: _____
Project Location: _____	Blk/Par: _____
	Section: _____
	Twp: _____
Subdivision: _____	Range: _____
	Orb/Page: _____ / _____

Owner Name: _____	Telephone: _____
Contact Address: _____	Fax: _____
City: _____, State: _____ Zip Code: _____	E-Mail: _____ @ _____
	SunCom: _____

Engineer: _____	Telephone: _____
Contact Address: _____	Fax: _____
City: _____, State: _____ Zip Code: _____	E-Mail: _____ @ _____
	SunCom: _____

Review # 1

Approved	Approved with Comment	Disapproved
Comments: _____		

Reviewed By: _____ Date Reviewed: _____ Received by Building: _____		

Review # _____

Approved	Approved with Comment	Disapproved
Comments: _____		

Reviewed By: _____ Date Reviewed: _____ Received by Building: _____		

City of Rockledge Public Works Department 1400 North Garden Road Rockledge, FL 32955 Ph(321) 690-3961 Fax (321) 634-6199	Control Number:
	Application Date:

APPLICATION FOR EROSION AND SEDIMENTATION CONTROL PERMIT
 (PERMITS MUST BE POSTED ON JOB SITE)

Site Location:
Starting Date: Completion Date:

Owner:	Telephone:
Address:	Fax:

Contractor:	Telephone:
Address:	Fax:

REQUIRED INFORMATION:
 (RESPONSES SHOULD BE PROVIDED ON A SEPARATE PAGE)

1. Narrative of the overall project including:
 - a. Time frame for project
 - b. Description of control and practices
 - c. Description of adjacent property use and zoning
 - d. Description of re-vegetative plan
2. Maps, drawings, and Computations by a Licensed Engineer containing the following information:
 - a. Site Location
 - b. Temporary and permanent vegetative , and control measure plan
3.
 - a. Copy of FDEP permit for stormwater discharge
 - b. Copy of SJRWMD stormwater construction permit
 - c. Copy of Underground license when underground work is part of project infrastructure.

PERMITS WILL BE ISSUED FOLLOWING CERTIFICATION OF COMPLIANCE BY CITY ENGINEER

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION PERMIT STATUS: Approved Disapproved

ST. JOHN'S RIVER WATER MANAGEMENT PERMIT STATUS: Approved Disapproved

◇ CITY STAFF USE ONLY ◇		
EROSION AND SEDIMENTATION PERMIT: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Comments <input type="checkbox"/> Disapproved		
REFERENCE: Section 40.20, Land Development Regulations		
COMMENTS:		
REVIEWED BY:	DATE:	

CITY OF ROCKLEDGE

CONCURRENCY EVALUATION WORKSHEET

Date: _____ Location: _____

Property Owner's Name: _____ Telephone No.: _____

Property Owner's Address: _____

Applicant's Name: _____ Telephone No.: _____

Applicant's Address: _____

LEGAL DESCRIPTION

Lot: _____ Block/Parcel: _____ Sub-Division: _____

Section: _____ Township: _____ Range: _____

PROPOSAL

_____ Zoning Action: From: _____ To: _____ Other: _____

_____ Site Plan Approval

_____ Sub-Division Plat Approval

_____ Building Permit

DEVELOPMENT POTENTIAL

Site Acreage: _____ Type of Use: Residential Or Non-Residential

If Residential: Type of Residential _____
Potential Dwelling Units _____

If Non-Residential: Specific Use(s) _____

Proposed Square Footage for Each Use _____

CONCURRENCY EVALUATION TEST

A. Transportation Facilities:

1. Primary Access Street Characteristics: **CITY OF ROCKLEDGE**

- (a) Name: _____
Classification: _____
- (b) Current Peak Hour Traffic: _____
- (c) Current V/C and L.O.S.: _____
- (d) Acceptable or Transitional L.O.S.: _____
- (e) Scheduled in the CIP (County Road) or TIP (State Road)?
YES ___ NO ___ Date: _____
- (f) Site's Potential Peak Hour Traffic: _____
- (g) V/C Ratio and L.O.S. with Development: _____

2. Explanation of Impact on the Roadway Network: _____

B. Potable Water: (To be completed by City of Cocoa Water Department if meter is over 1-1/2" or Sub-Division)

- 1. Is the proposal within an existing service area?
Yes _____ If Yes, identify service area: _____
and attach Certificate of Reserved Capacity.
No _____ If No, attach approved private well permit
- 2. Design capacity of plant: _____
- 3. Available capacity of plant: _____
- 4. Acceptable level of service: _____
- 5. Proposal's potential gallons per day: _____

C. Sanitary Sewer: (To be completed by the City of Rockledge)

- 1. Is the proposal within an existing service area?
Yes _____ If Yes, identify service area: _____
and attach Certificate of Reserved Capacity
No _____ If No, attach copy of septic tank permit or confirmation from the Brevard County Health Department that soils are suitable for septic tanks.
- 2. Design capacity of plant: _____
- 3. Available capacity of plant: _____
- 4. Acceptable level of service: _____
- 5. Proposal's potential gallons per day: _____

D. Solid Waste: (To be completed by Brevard County Solid Waste Utility)

1. Solid Waste Facility to be used: _____
2. Available facility capacity: _____
3. Acceptable level of service: _____
4. Proposal's potential volume: _____

E. Parks and Recreation: (To be completed by Brevard County Planning Department)

1. Potential population of proposal: _____
If phased, distribute population by phase: _____
2. Recreation planning area: _____
3. Existing level of service in the planning area: _____
4. Level of service based on proposal's potential: _____

F. Drainage: (To be completed by City of Rockledge)

Do stormwater management facilities meet level of service standards?

YES _____ NO _____

Facility and Service Availability

Using the information generated in Items A. through F. of the previous section, will the proposal be served by the following facilities and services within the Acceptable Levels of Service adopted in the 1988 City of Rockledge Comprehensive Plan?

	<u>YES</u>	<u>NO</u>
Transportation	_____	_____
Potable Water	_____	_____
Sanitary Sewer	_____	_____
Solid Waste	_____	_____
Parks/Recreation	_____	_____
Drainage	_____	_____

Concurrency Evaluation Results:

BREVARD COUNTY CONCURRENCY EVALUATION WORKSHEET

Intra-local Project

Name: _____ Item #: _____ Rockledge _____ Other _____

Specific Use(s)	Size (Units, Sq.Ft.,etc.)	Trip Generation (ADT)
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL: _____
		Per Segment: _____ @ _____

A. TRANSPORTATION FACILITIES

Seg.# _____ Name: _____

Max.Acc. Volume: _____ DOA Volume: _____ Acc.LOS: _____
 Current Volume: _____ Current Vol/MAV: _____ Current LOS: _____
 Volume w/Dev: _____ Vol/MAV w/Dev: _____ LOS w/Dev: _____

Seg.# _____ Name: _____

Max.Acc. Volume: _____ DOA Volume: _____ Acc.LOS: _____
 Current Volume: _____ Current Vol/MAV: _____ Current LOS: _____
 Volume w/Dev: _____ Vol/MAV w/Dev: _____ LOS w/Dev: _____

Seg.# _____ Name: _____

Max.Acc. Volume: _____ DOA Volume: _____ Acc.LOS: _____
 Current Volume: _____ Current Vol/MAV: _____ Current LOS: _____
 Volume w/Dev: _____ Vol/MAV w/Dev: _____ LOS w/Dev: _____

B. PARKS AND RECREATION FACILITIES

Rec.Planning Area: _____ # Units: _____ Potential Population of Proposal: _____
 Current LOS: _____ LOS w/Dev: _____ (acres per 1,000 capita)

C. SOLID WASTE

Billing Units: _____ Land Use Code(s): _____
 Proposal's Potential Vol: _____ tons/day Available Capacity: _____ million tons

FINDINGS: _____ Non-deficiency _____ Deficiency (see comments)

COMMENTS: _____

Prepared by: _____
Date: _____

Brevard County Land Development Division
(407) 633-2062

City Contact Information

Don Griffin
Planning Director & Grants Manager

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1600 Huntington Lane
Rockledge, FL 32955

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Rockledge, FL 32955

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fax 321-634-3592

John Shockey
Police Chief

123 Barton Blvd
Rockledge, FL 32955

johnshockey@rockledgepolice.com
phone 321-690-3988
fax 321-690-3996

Location of Facilities

TRANSPORTATION FACILITY:

Phone 321-633-2065
Fax 321-633-2052

Brevard County Land Development Division
2725 Judge Fran Jamieson Way
Building A, Suite A-119
Viera, FL 32940

POTABLE WATER:

Phone 321-639-7657

City of Cocoa
Utilities Department
600 School Street
Cocoa, FL 32922

SANITARY SEWER:

Phone 321-690-3975

City of Rockledge
Waste Water Treatment Facility
1700 Jack Oates Blvd
Rockledge, FL 32955

SOLID WASTE:

Phone 321-633-2042

Brevard County Solid Waste
2725 Judge Fran Jamieson Way
Building A, Suite 118
Viera, FL 32940

PARKS AND RECREATION:

Refer to the Transportation Facility
