

**2011 UNIVERSAL CYCLE - LOCAL GOVERNMENT VERIFICATION OF STATUS
OF SITE PLAN APPROVAL FOR MULTIFAMILY DEVELOPMENTS**

Name of Development: _____
(Part III.A.1. of the 2011 Universal Cycle Application)

Development Location: _____
(At a minimum, provide the address assigned by the United States Postal Service, including the address number, street name and city, or if the address has not yet been assigned, provide (i) the street name, closest designated intersection and city if located within a city or (ii) the street name, closest designated intersection and county if located in the unincorporated area of the county.)

Zoning Designation: _____

Mark the applicable statement:

- 1. The above-referenced Development is new construction or rehabilitation with new construction and the final site plan, in the zoning designation stated above, was approved on or before the Application Deadline for the 2011 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) by action of the _____ (Legally Authorized Body*).

- 2. The above-referenced Development is new construction or rehabilitation with new construction and (i) this jurisdiction provides either preliminary site plan approval or conceptual site plan approval which has been issued, or (ii) site plan approval is required for the new construction work; however, this jurisdiction provides neither preliminary site plan approval nor conceptual site plan approval, nor is any other similar process provided prior to issuing final site plan approval. Although there is no preliminary or conceptual site plan approval process and the final site plan approval has not yet been issued, the site plan, in the zoning designation stated above, has been reviewed.

The necessary approval/review was performed on or before the Application Deadline for the 2011 Universal Application Cycle (as stated on the FHFC Website http://apps.floridahousing.org/StandAlone/FHFC_ECM/ContentPage.aspx?PAGE=0238) by _____ (Legally Authorized Body*)

- 3. The above-referenced Development, in the zoning designation stated above, is rehabilitation without any new construction and does not require additional site plan approval or similar process.

* "Legally Authorized Body" is not an individual. Applicant must state the name of the City Council, County Commission, Board, Department, Division, etc., with authority over such matters.

CERTIFICATION

I certify that the City/County of _____ has vested in me the authority to verify status of site plan approval _____ (Name of City or County) as specified above and I further certify that the information stated above is true and correct.

Signature

Print or Type Name and Title

This certification must be signed by the applicable City's or County's Director of Planning and Zoning, chief appointed official (staff) responsible for determination of issues related to site plan approval, City Manager, or County Manager/Administrator/Coordinator. Signatures from local elected officials are not acceptable, nor are other signatories. If this certification is applicable to this Development and it is inappropriately signed, the Application will fail to meet threshold. If this certification contains corrections or 'white-out', or if it is scanned, imaged, altered, or retyped, the form will not be considered and the Application will fail to meet threshold. The certification may be photocopied.

Provide Behind a Tab Labeled "Exhibit 26"