



THE SCHOOL DISTRICT OF
PALM BEACH COUNTY, FL

PLANNING AND INTERGOVERNMENTAL RELATIONS
3300 FOREST HILL BOULEVARD, SUITE B-102
WEST PALM BEACH, FL 33406

KRISTIN K. GARRISON, AICP
DIRECTOR

PHONE: 561-434-8020
WWW.PALMBEACHSCHOOLS.ORG/PLANNING

SCHOOL CAPACITY AVAILABILITY DETERMINATION (SCAD)

APPLICATION CHECKLIST

Intake Date: _____
Project Name: Soleste on the Trail
Application Type: _____
Case No. _____

Required:

- Completed Application
 - Signed by Owner or Owner's Agent in Part I
 - Signed by Local Government in Part II
- Brief Statement
- PCN List (If applicable)
- Application Fee
- Property Deed
- Owner/Agent Consent Form
- Location Map
- Previous Approval Letter(s) (if applicable)
- Phasing Plan (If Applicable)
- Site Plan (If applicable)
- Survey (If applicable)



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 Soleste on the Trail		MUNICIPALITY Riviera Beach	
PROPERTY CONTROL NUMBER(S) 56424225000001070; 56424225000001230; 56424225000001240; 56424225000001040; 56424225000001020; 56424225000001030; 56424225000001140			
PROPERTY ADDRESS 7982, 7920, 7880, & 7940 N. Military Trail & 4411, 4123 & 4279 Leo Lane	CITY Riviera Beach	STATE FL	ZIP CODE 33410
GENERAL LOCATION east side of N. Military Trail between Leo Lane & Investment Lane			
PROPERTY ACREAGE 15.77	SAC	PLANNING AREA	

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	Commercial Plant Nursery	Proposed Use of Land	Residential Multi-family
Current Zoning Designation	CG & RML-12	Proposed Zoning Designation	RM-20
Total No. of Units Permitted	0	Max No. of Units Permitted	315
Net Increase in Number of Units			

For Future Land Use Atlas (FLUA) Amendment

Existing Use of Land	Commercial Plant Nursery	Proposed Use of Land	Residential Multi-family
Current FLU Designation	Commercial & MF-15	Proposed FLU Designation	High Density Multiple Family Residential
Total No. of Units Permitted	0	Max No. of Units Permitted	315
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 7920 Riviera Beach Holdings, LLC	OWNER'S EMAIL ADDRESS	TELEPHONE NUMBER
AGENT'S NAME Hope Calhoun, Esq.	AGENT'S EMAIL ADDRESS hcalhoun@dmbblaw.com	TELEPHONE NUMBER 561-405-3324
MAILING ADDRESS 14 SE 4th St. Suite 36	CITY Boca Raton	STATE FL ZIP CODE 33432

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

1/18/2022

Date

School Capacity Availability Determination (SCAD) Application, Continued

PROJECT NAME Soleste on the Trail	OWNER'S NAME 7920 Rivera Beach Holdings, LLC	AGENT'S NAME Hope Calhoun, Esq.
---	--	---

PART II - LOCAL GOVERNMENT REVIEW

DATE APPLICATION FILED	PETITION # - RE-ZONING	PETITION # - FLU	PETITION # - D.O.	PETITION # - NO IMPACT
REVIEWED BY (Please print)			EMAIL ADDRESS	
Did the applicant pay the filing fee to you? <input type="checkbox"/> YES (Please attach proof of payment) <input type="checkbox"/> NO (Applicant must pay to the School District)				

Government Representative Signature _____ Title _____ Date _____

PART III - SCHOOL DISTRICT REVIEW

Case Type	Case Number	Date Application Received	Date Application Completed	Date SCAD Letter Issued	Notes
Re-Zoning					
FLU					
D.O.					
No Impact					

*Please refer to the SCAD Letter(s) for District staff determination.

Additional Information



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
PLANNING AND INTERGOVERNMENTAL RELATIONS

School Capacity Availability Determination (SCAD) Owner/Agent Consent

Today's Date _____

STATE OF _____

COUNTY OF _____

BEFORE ME THIS DAY _____ PERSONALLY APPEARED WHO BEING DULY
SWORN, DEPOSES AND SAYS THAT:

1. He/she is the owner or has the authority to sign this form on behalf of the owner of the real property legally described in the Deed recorded in Official Record Book _____ Page _____ (the "Deed");
2. He/she authorizes and designates Hope Calhoun, Esq. to act in his/her behalf for the purposes of seeking a School Capacity Availability Determination on the real property legally described in the Deed;
3. He/she has examined the foregoing School Capacity Availability Determination application and he/she understands how the proposed change may affect the real property legally described in the Deed.

FURTHER AFFIANT SAYETH NOT

The foregoing instrument was acknowledged before me this _____ day of _____ 20____
by _____ (name of person acknowledging) who is personally known
to me or who has produced _____ (type of identification) as identification and who

Did Did not take an oath.

Signature of Owner

Date

Signature of Person Taking Acknowledgement

Date

Print Name of Owner

Print, Type or Stamp Name of Person Taking Acknowledgement

6201 SW 70th St.

Street Address

Title or Rank

South Miami, FL 33143

City, State, Zip Code

Serial Number, if any

Telephone

(Notary's Seal)