



SITE PLAN REVIEW APPLICATION

201 Central Ave. West, Lake Wales, FL 33853
Phone: (863) 676-5112 - Fax: (863) 678-4050

Submission date: _____
Project number: _____

Project Name: _____ Parcel ID(s): _____

Property Address: _____ Total Acreage: _____

Zoning: _____ Future Land Use: _____

Proposed Development (check all that apply):

Residential	Density	Non-Residential	Number of Buildings
Single-Family	_____ units/acre	Commercial	_____
Multi-Family	_____ units/acre	Office/Medical	_____
Mixed-Use	_____ units/acre	Industrial	_____
Total Density Proposed:	_____ units/acre	Other:	_____

Additional Info: _____

Project Management:

Owner(s) of Record

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Applicant/Engineer of Record/Agent

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Accompanying Materials Checklist

- Project Narrative
- Boundary Survey
- 24"X36" Site Plans 1:20 or 1:40 Scale
- Utility/Storm Water Plans
- Traffic Study
- Landscape Plan
- Development Impact Data
- Aerial Photo
- Topographic Maps
- Flood Maps, Wetland Maps
- Tree Survey
- List of Requested Waivers
- Owner Authorization Statement
- PDF File (at final approval)
- Other: _____

The owner of this property and the undersigned agree to conform to all applicable laws of the City of Lake Wales and to all applicable Federal, State and County Laws.

Signature of Property Owner

Date

FEES: Level of Approval (check all that apply) Sec. 23-242

Minor - under 10,000sf of land	Minor - over 10,000sf of land	Major - under 10,000sf of land	Major - over 10,000sf of land	Planned Development Project (PDP)	Special Exception Use Permit	Waivers of Strict Compliance	Neighborhood Plan
--------------------------------------	-------------------------------------	--------------------------------------	-------------------------------------	---	------------------------------------	------------------------------------	----------------------

Please Note: The Applicant shall also be responsible for the payment of any and all extraordinary expenses which may be incurred by the City in analyzing or reviewing all or any part of an application. These expenses will be billed at cost, separately from and in addition to the development review fees. The applicant will be advised of the necessity of such expenses prior to the expense being incurred.

Office Use Only - Cashier Payment Memo

Account Number:

Code:

001-341-510-000-000	Planning Review Fee:	121	\$ _____	Total: \$ _____
001-369-006-000-000	Public Notice Fee:	132	\$ _____	

Date Paid: _____ Name on Check: _____ Check Number: _____