



CONCEPTUAL PRE-APPLICATION

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

Date: _____

Parcel ID(s): _____

Zoning: _____ Future Land Use: _____ Total Acres: _____

1. **LOCATION:**

Number	Street	Zip Code

Project Name and brief description: _____

2. **SUBMITTAL REQUIREMENTS:** *See Section 23.222.3.a*

1. Completed application
2. Written description of the proposal
3. Conceptual plan illustrating lot dimensions to scale, existing site conditions including stands of trees, location of water bodies and wetlands, existing structures and other site improvements.
4. Fee as required by Section 23-242 (City of Lake Wales Code of Ordinance)

3. **IDENTIFICATION:**

Property Owner	Address	Phone

Fax Number	Email Address

Applicant/Agent	Address	Phone

Fax Number	Email Address

Signature of Owner	Date

***Approvals required (For office use only)**

Development Review Committee _____

Administrative _____

Planning & Zoning _____

City Commission _____

(Fee adjusted October 1, annually)

Office Use Only

Review Fee: Cashier Payment Memo

Date: _____ 20_____

Check Number: _____

Account Number :

Code:

001-341-520-000-000

121 \$ _____