



# City of Lake Wales

Progressive Vision ♦ Vintage Charm

## SITE PLAN APPLICATION

201 W. Central Ave., P.O. Box 1320, Lake Wales, Florida 33859-1320  
Phone: (863) 678-4182 Ext. 714 - Fax: (863) 678-4050  
Email: [permitting@cityoflakewales.com](mailto:permitting@cityoflakewales.com)

**Please Print**

Date: \_\_\_\_\_ Project Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Parcel ID Number: R- T- S- Subdivision- \_\_\_\_\_ Parcel- \_\_\_\_\_

Zoning District: \_\_\_\_\_ Future Land Use: \_\_\_\_\_

1. LOCATION:

Number	Street	Zip
Project Name	Lot	Block Phase

2. ACCOMPANYING MATERIAL REQUIRED:

- 1. Project Narrative
- 2. Boundary Survey
- 3. Traffic Study
- 4. Development Impacted Data ( Sec. 23-704.4)
- 5. Full Size Site Plans (12 folded) Illustrating lot dimensions to scale (24 x 36)
- 6. Site Plan (1) reduced size (8 1/2 x 11)
- 7. PDF file- at final approval
- 8. Aerial photographs, topographic maps, flood maps, vegetation surveys and wetland maps
- 9. Site Plans must conform to the standards set forth in Lake Wales Code of Ordinances Sec.23-222 or other sections that may be applicable.
- 10. List of requested waivers of strict compliance. ( if applicable)
- 11. Authorization statement on company letter head or notarized statement.

3. IDENTIFICATION:

Owner \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Agent \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

Engineer \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address \_\_\_\_\_

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

- If the owner of record for the property is an entity, such as a Corporation, other than an Individual (s) the legal representative must provide proof of authorization to act as the legal agent.

REVIEW FEES: Per Table 23-242

(Fees adjusted October 1, annually)

**Office Use Only**

Cashier Payment Memo

Date: \_\_\_\_\_

Check Number: \_\_\_\_\_

Account Number:

Code:

001-341-510-000-000

Planning & Development Fee:

121

\$ \_\_\_\_\_

001-369-006-000-000

Public Notice Fee:

132

\$ \_\_\_\_\_

**Total:**

\$ \_\_\_\_\_

**Office Use Only:**

Verified Complete: \_\_\_\_\_ Date: \_\_\_\_\_

D R C Approval: \_\_\_\_\_

Planning and Zoning: \_\_\_\_\_

City Commission: \_\_\_\_\_