



# City of Lake Wales

Progressive Vision ♦ Vintage Charm

## SUBDIVISION APPLICATION

201 Central Ave. West, P.O. Box 1320, Lake Wales, FL 33859-1320

Phone: (863) 678-4182 Ext. 714 - Fax: (863) 678-4050

Email: [permitting@cityoflakewales.com](mailto:permitting@cityoflakewales.com)

### Please Print

Date: \_\_\_\_\_ Permit Number: \_\_\_\_\_

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

Zoning: \_\_\_\_\_ Future Land Use: \_\_\_\_\_ Total Acres: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Project Name: \_\_\_\_\_

1. LOCATION: \_\_\_\_\_  
Number Street Zip Code

Project Name \_\_\_\_\_

Lot Block Phase

### 2. ACCOMPANYING MATERIAL REQUIRED:

- 1. Project Narrative
- 2. Boundary Survey
- 3. Concurrency Application
- 4. Site Plans (12 folded) must illustrate lot dimensions to scale (24 x 36)
- 5. Site Plans (1) reduced size (8 1/2 x 11)
- 6. P D F File
- 7. Aerial photographs, topographic maps, flood maps, vegetation surveys, and wetlands maps
- 8. Site Plans must conform to the standards set forth in Lake Wales Code of Ordinances Sec.23-222 thru 23-226  
And any additional Sections that may be applicable.

### 3. IDENTIFICATION:

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

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

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

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

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

Phone \_\_\_\_\_ 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 \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

\* 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      Advertising Zoning Fee:      132      \$ \_\_\_\_\_

Total:      \$ \_\_\_\_\_

**Office Use Only:**

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

DRC Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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