



CONCEPTUAL PRE-APPLICATION

201 Central Ave. West, PO Box 1320, Lake Wales, FL 33859-1320
Phone: (863) 678-4182 Ext. 714 - Fax: (863) 678-4050

Date: _____

Parcel Identification Number: R- _____ T- _____ S- _____ Subdivision- _____ Parcel- _____

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

1. LOCATION:

Number	Street	Zip Code
Lot	Block	Phase

Project Name and brief description:

2. ACCOMPANYING MATERIAL REQUIRED: *See Section 23.222.3.a*
The applicant must submit a boundary survey or conceptual plan illustrating lot dimensions to scale, existing site conditions including stands of trees, the locations of water bodies and wetlands, existing structures and other site improvements, and a written description of the proposal.

Provide two copies of the above requested information.

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 \$ _____