



Comprehensive Plan Amendment Application

201 W. Central Avenue, PO Box 1320, Lake Wales Fl 33859-1320
 Phone (863) 678-4182, Ext. 714 - Fax (863) 678-4050 Email: Permitting@lakewalesfl.gov

Date: _____ CPA Number: _____

Parcel ID Number: _____ Total Acreage: _____

Current FLU Designation: _____ Proposed FLU Designation: _____

Current Zoning Designation: _____ Proposed Zoning: _____

Project Name: _____

Large Scale (over 10 acres) Small Scale (under 10 acres)

1. LOCATION: _____
 (Number, Street and Zip Code)

Subdivision

Lot	Block	Phase
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2. ACCOMPANYING MATERIAL REQUIRED:

<input type="checkbox"/> 1. Letter of Request	<input type="checkbox"/> 5. Comparison of City and County Comprehensive Plans, if applicable
<input type="checkbox"/> 2. Survey (3 folded)	<input type="checkbox"/> 6. Location map, 100 year flood map, and a topographic map
<input type="checkbox"/> 3. Proof of ownership	<input type="checkbox"/> 7. Authorization statement for agent on company letter head or notarized
<input type="checkbox"/> 4. Impact Analysis (Sec. 704.4)	

3. IDENTIFICATION:

_____	_____
Property Owner	Address
_____	_____
Phone	Fax
_____	_____
_____	_____
Agent	Address
_____	_____
Phone	Fax
_____	_____
_____	_____
Engineer	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 Applicant	Address
_____	_____
Phone	Fax
_____	_____
_____	E-mail

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.

(Fees adjusted October 1, annually)

DRC Committee: _____

Planning and Zoning Board: _____

City Commission (Transmittal): _____

City Commission (Adoption): _____

<u>OFFICE USE ONLY</u>			
Cashier Memo:	Account Number:	Code	Fee
Zoning Map	001-341-510	121	\$
Small Scale	001-341-510	48	\$
Large Scale	001-341-510	48	\$
Public Notice	001-369-006	132	\$ _____
			Total \$ _____