



**WAIVER ONLY APPLICATION**

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

**Please Print**

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

1. Project Name: \_\_\_\_\_

2. ACCOMPANYING MATERIAL REQUIRED:

- 1-Project Narrative
- 1-Boundary Survey
- 12-Site Plan (To Scale)
- List of requested waivers of strict compliance.

Waiver Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. IDENTIFICATION:

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

\_\_\_\_\_  
Phone Fax E-mail

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

\_\_\_\_\_  
Phone Fax E-mail

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 the 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 \$ \_\_\_\_\_

**Office Use Only:**

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

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