



**Community Development**

Building | Code Enforcement | Planning | Zoning

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**APPLICATION FOR CONCEPT PLAN REVIEW**

**Applicant**

The following information is required for submission of a Concept Plan within the City Limits of Lake Alfred, Florida. Please print or type the required information below. **The following items must be included with application: Concept Plan\*, Location Map, Aerial map, Certified Boundary survey. \*See page 2 for requirements**

Name of Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Representative, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

**Property Identification (complete as appropriate)**

Property Address or General Location: \_\_\_\_\_

Present Use of the Property: \_\_\_\_\_

Existing Structures Located on the Site: \_\_\_\_\_

Total Acreage: \_\_\_\_\_ Parcel I.D.#: \_\_\_\_\_

**Zoning and Land Use Information**

Current Zoning Classification: \_\_\_\_\_

Current Future Land Use Classification: \_\_\_\_\_

Is property within the Green Swamp Area of Critical State Concern? If yes, please attach Green Swamp Impact Statement: \_\_\_\_\_

Summary of Proposed Use and Description of the Site Preparation: \_\_\_\_\_

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

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City Use Only:

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

**Required Elements of the Concept Plan (Section 07.06.08.01)**

- A) Proposed use, and the number of acres devoted to each use.
- (B) Basic street and lot layout
- (C) Typical lot sizes
- (D) Boundaries
- (E) Significant physical conditions

**OWNER'S SIGNATURE PAGE**

(I) (We), \_\_\_\_\_ being duly sworn, depose and say that (I) (we) own one or more of the properties involved in this petition and that (I) (we) authorize the City of Lake Alfred to process this petition for Zoning or Re-zoning, in accordance with all adopted City rules and regulations, and in conformance with State law.

Further, the undersigned (has) (have) appointed and (does) (do) appoint \_\_\_\_\_ as agent(s) to execute any petitions or other documents necessary to affect such petition; and request that you accept the signature of my agent(s) as representing my agreement of all terms and conditions of the approval process:

Further, (I) (we) or any agent or lessee of the subject property authorized by (me) (us) to file this petition, deposes and say that the statements and answers contained in the application and any information attached thereto, present the arguments in behalf of this petition to the best of (my) (our) ability; and that the statements and information referred to above are in all respects true and correct to the best of (my) (our) knowledge and belief.

**OWNERS**

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_/\_\_\_\_\_  
Owner's Signature/Print Title

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Printed Name of Owner

**OWNER'S NOTARIZATION**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date

**AGENT OR LESSEE SIGNATURE PAGE**

(I) \_\_\_\_\_ (We),  
\_\_\_\_\_ being  
duly sworn, that (I) (we) serve as  (agent or lessee)  for the owner(s) in  
making this petition and that the owner(s) (has) (have) authorized (me) (us) to act in this  
capacity.

Further, (I) (we) depose and say that the statements and answers herein contained and  
other information attached hereto present the arguments on behalf of the petition herein  
requested to the best of (my) (our) ability and that the statements and information above  
belief.

**AGENT OR LESSEE SIGNATURE**

\_\_\_\_\_  
Agent or Lessee's Signature/Print Title

\_\_\_\_\_  
agent or Lessee's Signature/Print Title

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Printed Name of Agent or Lessee

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Company's Name

\_\_\_\_\_  
Company's Address

\_\_\_\_\_  
Company's Address

**AGENT OR LESSEE(S) NOTARIZATION**

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_ day of  
\_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_,  
who is personally known to me or who has produced \_\_\_\_\_ as  
identification.

\_\_\_\_\_  
Notary Public  
Notarial Seal and Commission  
Expiration Date