



Community Development

Building | Code Enforcement | Planning | Zoning

**APPLICATION FOR CONCEPT PLAN OR
PRE-APPLICATION REVIEW**

The following information is required for submission of a Concept Plan or Pre-Application Review within the City Limits of Lake Alfred, Florida. Please print or type the required information below.

Applicant

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 Downtown Overlay District (DOD)? _____

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: _____

City Use Only:

Date Received: _____ Received By: _____ Fee Paid: _____

The following items must be included with application:

- (A) Concept Plan*
- (B) Location Map
- (C) Aerial map
- (D) Certified Boundary survey.

*** Required for 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

Required for Administration and Enforcement of DOD (Section 2.04.03.01.03)

- (A) Representation of adjacent lots, existing buildings, adjacent streets, and opportunities for connectivity.
- (B) Location of proposed uses and buildings on the lot.

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