



### Site Visit Consultation

**(Not associated with final inspection or current project review fees)**

\_\_\_\_\_ \$100 Consultation fee payable to: Lake County Board of County Commissioners

Remit payment and Completed Form to: **Zoning / Customer Services (5<sup>th</sup> Floor Admin. Building)**, P.O. Box 7800, 315 West Main Street, Tavares, FL 32778-7800 **OR**

Pay by Phone: Fax completed form to 352-343-9767 and call 352-343-9738 (Have your credit card ready)

**Please Note:** Debit and credit cards incur an additional fee equal to 1% of the transaction total.

Lake County Staff Only: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Credit/Debit  
Date Paid: \_\_\_\_\_

**(Completion of this form and payment of the request fee shall be construed as your authorization for Lake County staff representatives to visit the property for the purposes specified below.)**

1. Property Address: \_\_\_\_\_ Alternate Key#: \_\_\_\_\_  
General location of site: \_\_\_\_\_

2. Project Name / number if available: \_\_\_\_\_ AR No: \_\_\_\_\_  
Requested inspection date: \_\_\_\_\_  
\_\_\_\_ Site Plan \_\_\_\_ Mining/Operating Permit \_\_\_\_ Subdivision \_\_\_\_ Other (Master Park Plan, CUP, etc.)

3. Has any previous application or variance been filed in connection with this property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please describe the details of the application and case number: \_\_\_\_\_

4. Type and purpose of the site consultation:  
\_\_\_\_\_  
\_\_\_\_\_

5. Name of representative person(s) seeking the site consultation:  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

6. Has any other Government agency been to the site? No\_\_\_\_ Yes\_\_\_\_ If yes, specify agency \_\_\_\_\_  
Purpose of visit: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

**Lake County Staff Completes Below**

- |   |   |
|---|---|
| <input type="checkbox"/> Environmental Specialist<br><input type="checkbox"/> Wetland Review<br><input type="checkbox"/> T/E Species Review<br><input type="checkbox"/> Natural Upland Review<br><input type="checkbox"/> Other | <input type="checkbox"/> Landscape Architect<br><input type="checkbox"/> Landscape Info<br><input type="checkbox"/> Tree Removal Info<br><input type="checkbox"/> Other |
|---|---|

Inspection Comments (attachments, if necessary): \_\_\_\_\_

PROPERTY OWNER/APPLICANT (AGENT) AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared \_\_\_\_\_  
( property owner – print)

who being by me first duly sworn on oath, deposes and says:

1. That he/she is the fee-simple owner of the property legally described and attached to this application.
2. That he/she Affirms and Certifies that he/she understands and will comply with all Ordinances, Regulations, and Provisions of Lake County, and that all information on this application are true and accurate and shall become part of the Official Records of Lake County, Florida.
3. That he/she desires a Site Visit Consultation to accomplish the desired request, as stated on Page One of this Application.
4. That he/she has appointed \_\_\_\_\_(print name) to act as Applicant and or Agent in their behalf to accomplish the above.

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Applicant /Agent - Signature)

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 and who did \_\_\_\_\_ or did not \_\_\_\_\_ take an oath.

\_\_\_\_\_  
Notary Public (Signature)

(SEAL)

\_\_\_\_\_  
(Print or type Notary Name)  
Commission (serial) Number \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

NOTE:

All Applications shall be signed by the Owner(s) of the Property, or some person duly authorized by the Owner to sign. The authority authorizing such person other than the Owner to sign MUST be attached.