



Department of Growth Management

Site Visit Consultation

Remit the completed form and payment to: The Planning & Community Design Division (5th Floor Admin. Building), P.O. Box 7800, 315 West Main Street, Tavares, FL 32778-7800, or apply online at zoning@lakecountyfl.gov, or on the phone by faxing the 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.

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

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 date _____
Purpose of visit: _____ Agency Name: _____

To be completed by staff:

____ Environmental Specialist	____ Landscape Architect
____ Wetland Review	____ Landscape Info
____ T/E Species Review	____ Tree Removal Info
____ Natural Upland Review	____ Other
____ Other	

Inspection comments (attachments, if necessary): _____

____ Check ____ Cash ____ Credit/Debit Date Paid: _____

Staff Name: _____ Date: _____

PROPERTY OWNER/APPLICANT (AGENT) AFFIDAVIT

STATE OF FLORIDA

COUNTY OF LAKE

BEFORE ME, the undersigned authority personally appeared _____ 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 _____ 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.