Village of Lake Park
UDO Text Amendment Application

Applicant Information

Name_____

Mailing Address

Street_____

City_____ **State**_____ **Zip**_____

Contact Phone_____

Email_____

Proposed UDO Text Amendment

Affected Section of the UDO_____

Proposed Amendment_____

_____

_____

_____

(Attach Additional Pages if Necessary)

Applicant Signature

_____ _____

Applicant **Date**

Official Use Only

Date Received_____

Received By _____

Application Complete? YES / NO **Fee Received** _____