



CITY OF LAKE MARY  
FIRST STEP APPOINTMENT FORM

Applicant: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_

Requested Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address of Proposed Project: \_\_\_\_\_

Project Description: \_\_\_\_\_

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

E-mail completed form to: [bkeel@lakemaryfl.com](mailto:bkeel@lakemaryfl.com) or  
Fax to: 407-585-1346

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**AREA TO BE FILLED OUT BY STAFF**

Received By: \_\_\_\_\_ Day Received: \_\_\_\_\_

Date and Time of Appointment: \_\_\_\_\_

Day Routed to First Step Staff: \_\_\_\_\_

Are There Attachments: [Y] [N]