



Jeff M. Gahan, Mayor

CITY OF NEW ALBANY, INDIANA
DEPARTMENT OF COMMUNITY DEVELOPMENT
NEW ALBANY CITY PLAN COMMISSION
NEW ALBANY BOARD OF ZONING APPEALS
SCOTT WOOD, DIRECTOR

PUDD APPLICATION REQUIREMENTS

Primary Fee: \$250.00 +\$10.00 (sign)

Secondary Fee: \$250.00

In order for the staff of the New Albany City Plan Commission to expedite your request in a timely fashion, we ask that you follow these requirements:

1. The application and supporting materials must be submitted before the appropriate meeting deadline. **No exceptions.**
2. Once the application has been submitted with the required application processing fee, the staff will review the application at the next staff meeting (every Wednesday at 3:00 p.m.) to verify that all the required items in the checklist have been included. All items on the checklist provided must be submitted with the application or the request will not be assigned a Docket number. If items are missing, the applicant will be notified of the deficiency and the application will be held until the following month's meeting to allow the applicant time to submit those materials. If the applicant fails to submit the required items prior to the second deadline, a new application, including a new fee, will need to be submitted.
3. When the application is deemed complete by the staff, the request will be assigned a Docket number and will be placed on the appropriate agenda, and the applicant will be notified of that fact. At that time, the remaining application fee will be due, and the public hearing signs will be issued (as applicable).

**All Fees Are
NON- REFUNDABLE**

Application Number _____

Docket Number _____

PUDD

Application for Review
PLANNED UNIT DEVELOPMENT DISTRICT
or
AMENDMENT TO PLANNED UNIT DEVELOPMENT DISTRICT

New Albany City Plan Commission, Room 329, City-County Bldg
311 Hauss Square, New Albany, Indiana 47150-3586
Telephone: 1(812)948-5333, Facsimile: 1(812)948-5335

Application for Planned Unit Development District or Amendment to Planned Unit Development District in accordance with the Zoning Code of the City of New Albany, Indiana, §156.105, et seq.

Preliminary **(P)** Secondary **(S)** Docket Number: _____ Date Filed: _____

1. **Address of Planned Unit Development District:** _____

Name of Applicant: _____

Applicant's Address: _____

Street _____ *City* _____ *State* _____ *Zip Code* _____

Daytime Phone: (_____) _____ - _____ Daytime Fax: (_____) _____ - _____

Present Zoning: _____ Size of Planned Unit Development District: _____

Applicant: (check one) OWNS Property LEASES Property OPTIONS Property

2. Name of Property Owner: _____

Owner's Address: _____

Street _____ *City* _____ *State* _____ *Zip Code* _____

Owner's Phone: (_____) _____ - _____ Owner's Fax: (_____) _____ - _____

3. Proposed Land Uses of the Planned Unit Development District: _____

4. Current Land Use of the proposed Planned Unit Development District include: _____

5. Has any other zoning action been filed on the subject property? No Yes (If YES, Please explain)

Date of Zoning Action: _____ Docket No(s): _____

Results: _____

6. Has the applicant submitted the required PUDD plan or PUDD Secondary Review plan and other supporting information in accordance with either Section 156.108(B) or Section 156.108(C)? Yes No

(If No, Plans Due No Later than _____)

(over)

Adjacent Property Owners

1. Owner's Name(s) _____
Mailing Address _____

2. Owner's Name(s) _____
Mailing Address _____

3. Owner's Name(s) _____
Mailing Address _____

4. Owner's Name(s) _____
Mailing Address _____

5. Owner's Name(s) _____
Mailing Address _____

6. Owner's Name(s) _____
Mailing Address _____

7. Owner's Name(s) _____
Mailing Address _____

8. Owner's Name(s) _____
Mailing Address _____

If additional space is needed, please copy and attach separate page.