



**City of New Albany, Indiana
City Plan Commission
Application for PUD**

142 East Main Street, Suite 200
New Albany, IN 47150
812-948-5327

www.cityofnewalbany.com

Date Stamp

Docket #: _____

Date Filed: _____

APPLICATION FOR PLANNED UNIT DEVELOPMENT OR AMENDMENT TO PUD

Fee: Preliminary \$250 + \$10 sign fee [\$260]

Secondary \$250

_____ Preliminary (P) _____ Secondary (S) _____ Amendment (Docket P-____ - ____)

1. Address of Planned Unit Development District: _____

Parcel ID #: _____

Name of Applicant: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Present Zoning: _____

Size of Planned Unit Development District: _____

Applicant: (check one)

_____ OWNS Property _____ LEASES Property _____ OPTIONS CASE

2. Name of Property Owner (if not applicant): _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

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?

All fees are NON-REFUNDABLE

Docket #: _____

_____ Yes _____ No

If yes, please explain

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

Results: _____

6. Has the applicant submitted the required PUD 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: _____

7. Name of Engineer/Architect/Surveyor: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

8. The applicant hereby acknowledges receipt of the following supporting documents:
(check for each document received)

_____ Two (2) PUBLIC HEARINGS Signs

I hereby accept responsibility to post these signs where they are clearly visible to the public; to visit the site periodically to ensure that the signs remain in good condition; and, to immediately replace these signs if they become removed, defaced, or otherwise become illegible.

Applicant INITIAL HERE: _____

By signing below, I acknowledge that the information provided by me is true and accurate to the best of my knowledge. In addition, by signing below, I hereby permit members of the New Albany Board of Zoning Appeals, as well as their staff, to enter onto the property for purposes of inspection. Finally, by signing below, I acknowledge receipt of two (2) public hearing signs that I agree to post and maintain **in conspicuous places** on the property for the PUD **15 days prior to the public hearing**.

Applicant's **Signature:** _____

Applicant's **Printed Name:** _____

Owner's **Signature:** _____

Owner's **Printed Name:** _____

Docket #: _____

Application Taken By: _____

Title: _____

OFFICE USE ONLY		
Sketch Plan Conference Date:		Action:
Initial Plan Commission Hearing Date:		Action:
Common Council Review Date:		Action:
Secondary Plan Commission Review Date:		Action:

STAFF COMMENTS: