



Case No. _____
Date Filed _____

Please use ink

PLANNING COMMISSION

PLANNED UNIT DEVELOPMENT (PUD) APPLICATION

_____ Preliminary PUD Plan
_____ Detailed Final PUD Plan (Site Plan)

_____ Minor Change to PUD Plan
(including Sign approval)
_____ Major Change to PUD Plan

Plat Name: _____

Current Zoning: _____ Number of Acres _____ Number of Lots _____

Proposed Uses: _____ Residential Number of Units _____
_____ Commercial Square Feet _____
_____ Industrial Square Feet _____

OWNER OF PROPERTY

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

APPLICANT (If different from the owner)

Name: _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

If you are the applicant, and not the property owner, what is your legal interest in the property?
(i.e., renter, business owner, etc.)

Name, address and telephone number of person to contact for further information if different from the property owner or applicant.

Description of proposal/request: _____

Comments _____

I, _____ having been duly sworn, solemnly swear that I am the owner/lessee of the property described above and that I am familiar with the rules and regulations set for in the Zoning Ordinance for the City of West Carrollton, Ohio. I further swear that all information shown on the application and attachments is in all respects, true and correct to the best of my knowledge and belief.

In addition, I understand that the city will give notice of the public hearing by posting a "Zoning Request" sign at the location listed on the application until final decision is made on the application.

Owner of Property

Applicant (If different from owner)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

ADJACENT PROPERTY OWNERS LIST

Please list the names and addresses of all property owners **within 200 feet** of the property in question. The number below must correspond to the map which you will submit as part of your application.

<u>NAMES</u>	<u>ADDRESS</u>	<u>CITY, STATE, ZIP</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____