



File # _____
Filing Date: _____
Acceptance Date: _____
Review Date: P & Z _____ TC _____

# PUD Rezoning Modification Application

## A. PROJECT

1. Project Name: \_\_\_\_\_
2. Address of Subject Property: \_\_\_\_\_
3. Parcel ID Number(s): \_\_\_\_\_
4. Existing Use of Property: \_\_\_\_\_
5. Future Land Use Map Designation: \_\_\_\_\_
6. Existing Zoning Designation: \_\_\_\_\_
7. Proposed Zoning Designation: \_\_\_\_\_
8. Acreage: \_\_\_\_\_
9. PUD Ordinance # \_\_\_\_\_

## B. APPLICANT

1. Applicant's Status       Owner (title holder)       Agent
2. Name of Applicant(s) or Contact Person(s): \_\_\_\_\_ Title: \_\_\_\_\_  
 Company (if applicable): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_
3. If the applicant is agent for the property owner\*  
 Name of Owner (titleholder): \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

\* Must provide executed Property Owner Affidavit authorizing the agent to act on behalf of the property owner.

**C. ATTACHMENTS (Provide any revised documents, identifying changes)**

1. Statement of proposed change, including a site plan and/or written description showing the proposed change from approved the PUD zoning ordinance.
2. Warranty Deed or the other proof of ownership
3. Agent Authorization, if applicable.
4. Fee.  
\$1,250 plus \$20 per acre

No application shall be accepted for processing until the required application fee is paid in full by the applicant. Any fees necessary for technical review or additional reviews of the application by a consultant will be billed to the applicant at the rate of the reviewing entity. The invoice for of postage, signs, advertisement, outside consultants shall be paid in full prior to any action of any kind on the application by the Planning and Zoning Board.

**One original and a PDF Version of the complete application with any attachments need to be submitted. A completeness review of the application will be conducted within ten (10) business days of receipt. If the application is determined to be incomplete, the application will be returned to the applicant.**

**I/We certify and acknowledge that the information contained herein is true and correct to the best of my/our knowledge:**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-applicant

\_\_\_\_\_  
Typed or printed name and title of applicant

\_\_\_\_\_  
Typed or printed name of co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing application is acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_

\_\_\_\_\_, who is/are personally known to me, or who has/have produced \_\_\_\_\_  
as identification.

NOTARY SEAL

\_\_\_\_\_

Signature of Notary Public, State of \_\_\_\_\_