



CITY OF SIDNEY
www.sidneyoh.com

APPLICATION FOR PLANNED UNIT DEVELOPMENT

I. Applicant Information

Property Owner _____ Telephone No. _____

Address _____

Agent or Attorney _____ Telephone No. _____

Address _____

Contact Person _____ **Telephone No.** _____

II. Property Requested for Planned Unit Development

County Parcel ID No(s). _____ Lot No(s). _____

Subdivision (if applicable) _____

Street No. (if applicable) _____ Street _____

Existing Zoning _____ Proposed Planned Unit Development _____

Contiguous and Proximate Districts: North _____ South _____ East _____ West _____

Existing Use of Property _____

Proposed Use(s)/Modification(s) - attached letter of intent if necessary _____

III. Applicant Certification

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ATTACHMENTS ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT ATTENDENCE AT ALL PUBLIC HEARINGS RELATED TO THIS APPLICATION IS MANDATORY BY THE OWNER OR OWNER'S AGENT.

Signature of Applicant

Date

<i>For Office Use Only</i>		
APPLICATION NO. _____	DATE FILED _____	FEES PAID \$ _____
HEARING DATES: _____		