

## APPLICATION PLANNED UNIT DEVELOPMENT

Date \_\_\_\_\_

Property owner or Applicant \_\_\_\_\_

Address at site \_\_\_\_\_

Phone \_\_\_\_\_

Legal description of property at site \_\_\_\_\_

\_\_\_\_\_

Answer the following questions and show evidence of why this permit should be issued.

1. How will the granting of this permit be of benefit to the City of Chillicothe and its citizens? \_\_\_\_\_

\_\_\_\_\_

2. Will the granting of this application materially affect adversely the health or safety of persons residing or working in the neighborhood of this property? \_\_\_\_\_

**This application is for the above permit only.** All building, digging, sign or other permit will have to be purchased before work begins.

**I THE UNDERSIGNED HEREBY SWEAR that the information provided on this application are true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or applicant

PUD initial review fee

\$225.00

\$ \_\_\_\_\_ fee

YOU SHOULD BE AT THE HEARING TO SPEAK ON YOUR OWN BE HALF.