City of Farmington Hills, Planning Office 31555 W. Eleven Mile Road Farmington Hills, MI 48336-1165

www.fhgov.com, (248) 871-2540 Fax: (248) 871-2451

Application for Planned Unit Development (PUD) (CHAPTER 34, SECTION 34-3.20 5B)

PUD #	DATE:	RECEIVED/CHECKED BY:
Farmington must be file	Hills to develop the property herein described ed with the Planning Office by 3:30 p.m. on the	d do hereby make application to the Planning Department of the City of as and in support of this application the facts below are shown. <i>Petitions</i> 18 th day of the month to be heard at the Regular Hearing of the following st be submitted by 12:00 noon on the following business day.
APPLICA	TION / APPROVAL REQUIREMENTS, (CH	IAPTER 34, SECTION 34-3.20 5B
 Proof of Ownership of Property Concerned Consisting of: Title Insurance; Purchase Agreement; Must have the names of the principal owners involved in any Corporation, Partnership, etc. Eight (8) copies of PUD Plan, all plans must be folded 8 ½ X 11" letter-size, with architects' seal up. INCLUDING submission of all materials referred to in Chapter 34-3.20 5B One (1) electronic copy of the above plan sent by e-mail to: ckettler@fhgov.com Fifteen (15) 11" x 17" reduced copies of PUD Plan. Written statement explaining full intent of PUD. Tree Survey (Section 34-5.18, p. 5-34) Two (2) copies, superimposed on site, Three (3) copies Tree Survey. Required Tree Survey Fee: # of Trees: 6" or Larger: Fee: \$		
(Contact the	00.00 + Engineering \$200.00 + \$150.00 per e Planning Office for fees for; second revisions, s	acre or part of, number of acres = ite plan, plats, and site condo) Total Fee's due:
	RACTERISTICS	
		oning District/s:
	f Parcel/s:	
_		zel #: 23-
-	Use of PUD:	
Name:		
Address:_		
City/State:		Zip:
Phone:		email:
*Signature	of Owner:	Print name:

Name:______Address:_____ City/State: Zip: Phone: Email:

APPLICANT:

Applicants interest in property (if other than the owner).

*Signature of Applicant:_____

Print name: _____Date:____ Planning Commission recommendation to City Council: City Council: Hearing date: _____ Action: ____