Application for Planned Unit Development (PUD)
(Article 7)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

APPLICANT INFORMATION  *ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD

Applicant’s Name: __________________________________________________________________
Address: __________________________________________________________________________

Telephone Number: __________________________ Email: __________________________________

OWNER INFORMATION (if different from applicant information)

Owner’s Name: ___________________________________________________________________
Address: _________________________________________________________________________

Telephone Number: ________________________________________________________________

REPRESENTATIVE INFORMATION (if different from applicant information)

Representative: ___________________________________________________________________
Address: _________________________________________________________________________

Telephone Number: __________________________ Email: __________________________________

Existing Zoning Classification of Property: _____________________________________________

Proposed Zoning Classification of Property: _____________________________________________

Address or Legal description of property:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Statement or reason for the request for a Zone Map Amendment:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant’s Signature: _________________________________________________________________
(If signed by representative for applicant, state capacity)