



CITY OF NEW ALBANY, INDIANA  
NEW ALBANY CITY PLAN COMMISSION  
NEW ALBANY BOARD OF ZONING APPEALS  
SCOTT B. WOOD, DIRECTOR

Jeff M. Gahan, Mayor

## PUD APPLICATION REQUIREMENTS

**Primary Fee: \$250.00 +\$10.00 (sign)**

**Secondary Fee: \$250.00**

In order for the staff of the New Albany City Plan Commission to expedite your request in a timely fashion, we ask that you follow these requirements:

1. The application and supporting materials must be submitted before the appropriate meeting deadline. **No exceptions.**
2. Once the application has been submitted with the required application processing fee, the staff will review the application at the next staff meeting (every Wednesday at 3:00 p.m.) to verify that all the required items in the checklist have been included. All items on the checklist provided must be submitted with the application or the request will not be assigned a Docket number. If items are missing, the applicant will be notified of the deficiency and the application will be held until the following month's meeting to allow the applicant time to submit those materials. If the applicant fails to submit the required items prior to the second deadline, a new application, including a new fee, will need to be submitted.
3. When the application is deemed complete by the staff, the request will be assigned a Docket number and will be placed on the appropriate agenda, and the applicant will be notified of that fact. At that time, the remaining application fee will be due, and the public hearing signs will be issued (as applicable).

Application Number \_\_\_\_\_

Docket Number \_\_\_\_\_



CITY OF NEW ALBANY, INDIANA  
 NEW ALBANY CITY PLAN COMMISSION  
 NEW ALBANY BOARD OF ZONING APPEALS  
 SCOTT B. WOOD, DIRECTOR

Jeff M. Gahan, Mayor

Application Number \_\_\_\_\_

Docket Number \_\_\_\_\_

**Submission Checklist**

- Complete application**
  - The application must be filled out in its entirety where applicable in blue or black ink
- Scaled Survey or Site Plan based on a survey**  
 This survey/site plan must depict the following items:
  - Accurate lot dimensions of the property involved
  - Location of existing and proposed structure(s) & the distance between structures on the property, if applicable
  - The location, width and length of all current and proposed entrances and exits to and from the property.
  - Any easements on the property, their purpose (for i.e. "utility & drainage easements") and their widths
  - Indicate the extent (area) of the lot to be disturbed by construction
  - Proposed drainage
  - The common address, plat and parcel number(s) of the subject property shall be noted on the survey.
- List of all adjacent owners to the property involved** (adjacent owners are only those that share a common property line with the subject property)
- Any additional information required by the Zoning Officer or the Plan Commission Office.**
  - Architectural elevations
  - Sign plans
  - Floodplain Certifications
  - COA – Certificate of Appropriateness
  - Other

\*Any application filed by the necessary deadline and unsupported by site plan, engineer's report, or other documentation as may be deemed necessary by the Plan Commission staff, shall be determined "incomplete" and may not be docketed for the meeting agenda.

After an application is approved by the Staff, the applicant shall receive two Public Hearing signs, which are to be posted conspicuously on the property 15 days prior to the meeting.

This application is **NOT** a building permit

\_\_\_\_\_  
 Staff to Verify (Signature)

\_\_\_\_\_  
 Date

If deemed incomplete, notified applicant on \_\_\_\_\_, 20\_\_

# PUD

Application for Review  
PLANNED UNIT DEVELOPMENT  
or  
AMENDMENT TO PLANNED UNIT DEVELOPMENT

New Albany City Plan Commission  
142 E. Main Street, Suite 200 New Albany, Indiana 47150-3586  
Telephone: (812) 948-5327

Application for Planned Unit Development or Amendment to Planned Unit Development in accordance with the Zoning Code of the City of New Albany, Indiana, §156.105, et seq.

Preliminary **(P)** Secondary **(S)** Docket Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

1. Address of Planned Unit Development District: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
*Street City State Zip Code*

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Present Zoning: \_\_\_\_\_ Size of Planned Unit Development District: \_\_\_\_\_

Applicant:(check one) OWNS Property LEASES Property OPTIONS Property

2. Name of Property Owner: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
*Street City State Zip Code*

Owner's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Proposed Land Uses of the Planned Unit Development District: \_\_\_\_\_  
\_\_\_\_\_

4. Current Land Use of the proposed Planned Unit Development District include: \_\_\_\_\_  
\_\_\_\_\_

5. Has any other zoning action been filed on the subject property? No Yes (If YES, Please explain)

Date of Zoning Action: \_\_\_\_\_ Docket No(s): \_\_\_\_\_

Results: \_\_\_\_\_  
\_\_\_\_\_

6. Has the applicant submitted the required PUDD plan or PUDD Secondary Review plan and other supporting information in accordance with either Section 156.108(B) or Section 156.108(C)?  Yes  No  
(If No, Plans Due No Later than \_\_\_\_\_)

7. Fee Received for Initial Review:  \$260.00 Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Fee Received for Secondary Review:  \$250.00 Check Number: \_\_\_\_\_ Date Paid: \_\_\_\_\_

8. Name of Engineer / Architect / Surveyor: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*City*

*State*

*Zip*

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

9. The applicant hereby acknowledges receipt of the following supporting documents:  
(check for each document received)

Two (2) PUBLIC HEARING signs

(I hereby accept responsibility to post these signs where they are clearly visible to the public; to visit the site periodically to ensure that the signs remain in good condition; and, to immediately replace these signs if they become removed, defaced, or otherwise become illegible. Applicant INITIAL HERE (\_\_\_\_))

10. By signing below, I hereby state that I have provided a complete and accurate list of all adjacent property owners and their mailing addresses, (Exhibit 1, attached), as recorded in the New Albany Township Assessors Plats.

11. Applicant's SIGNATURE: \_\_\_\_\_

Applicant's PRINTED Name: \_\_\_\_\_

Owner's SIGNATURE: \_\_\_\_\_

Owner's PRINTED Name: \_\_\_\_\_

Application taken by: \_\_\_\_\_

Title: \_\_\_\_\_

Staff Use Only: DO NOT WRITE IN THIS SPACE		
Sketch Plan Conference Date:		Action:
Initial Plan Commission Hearing Date:		Action:
Common Council Review Date:		Action:
Secondary Plan Commission Review Date:		Action:

STAFF COMMENTS:

---

---

---

Adjacent Property Owners

1. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

2. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

3. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

4. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

5. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

6. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

7. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

8. Owner's Name(s) \_\_\_\_\_  
Mailing Address \_\_\_\_\_

\_\_\_\_\_

If additional space is needed, please copy and attach separate page.