CITY OF BIXBY
APPLICATION FOR PLANNED UNIT DEVELOPMENT
PUD#_____

GENERAL INFORMATION: REQUIREMENTS: (3 COPIES)
NO. OF UNITS_____ TOPO
ACRES_____ PLOT PLAN
TYPE OF **PUD** REQUESTED_____ TEXT
GENERAL LOCATION MAP

GENERAL LOCATION_____
PRESENT ZONING_____ PRESENT USE_____
RECORD OWNER_____
LEGAL DESCRIPTION OF TRACT UNDER APPLICATION:

AS APPLICANT, WHAT IS YOUR INTEREST IN THIS PROPERTY?
_____PRESENT OWNER
_____PURCHASER
_____ATTORNEY FOR OWNER
_____OWNER

I CERTIFY THAT THE SUMMITTED INFORMATION IS TRUE & CORRECT
NAME _____
ADDRESS _____
_____
PHONE _____

BILL ADVERTISING & SIGN CHARGES TO:_____
(NAME)
_____
(ADDRESS) (PHONE)
_____

APPLICANT –DO NOT WRITE BELOW THIS LINE

APPLICATION RECEIVED BY:_____DATE: _____
SEC. _____TWP. _____ RG. _____ FEE / REC. NO. _____
SUBDIVION NAME: _____P.H. DATE:_____
_____ ZONING NO. BZ:_____
_____
_____

BIXBY P. C. RECOMMENDATION: BIXBY CITY COUNCIL ACTION:

RECOMMENDATION:_____VOTE:_____ ACTION:_____VOTE:_____
DATE:_____ DATE:_____
PROVISIONS:_____PROVISIONS:_____
_____
STAFF RECOMMENDATIONS:_____STAFF RECOMMENDATIONS:_____
_____
DATE:_____DATE:_____