

CITY OF WOOSTER  
PLANNING COMMISSION

**PLANNED DEVELOPMENT OVERLAY DISTRICT**

**DEVELOPMENT PLAN**

Application # PDOD-\_\_\_\_\_

Municipal Building, 538 North Market Street, 1<sup>st</sup> Floor, Wooster, Ohio 44691

330.263.5235

Owner  
 Agent  
 Lessee  
 Signed Purchase Contract

**APPLICANT'S NAME:** \_\_\_\_\_  
(Street Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
(Telephone Number) \_\_\_\_\_

**PROPERTY OWNER'S NAME:** \_\_\_\_\_  
(Street Address) \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
(Telephone Number) \_\_\_\_\_

**Type of Request/Filing Fee/Submittal Requirements:**

**PUD Filing Fee:** \$120.00

**Request for:**

- Conceptual (no fee)
- Preliminary approval
- Final approval

**Address and/or Location of Property:** \_\_\_\_\_

**# of Lots:** \_\_\_\_\_ **Lot Acreage:** \_\_\_\_\_ **Lot Number(s):** \_\_\_\_\_

**Existing Use:** \_\_\_\_\_ **Proposed Use:** \_\_\_\_\_

**Current Zoning District (if applicable):** \_\_\_\_\_ **Proposed Zoning District (if applicable):** \_\_\_\_\_

**Description of Request:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant shall furnish **thirteen (13)** copies of an outline development plan, preliminary development plan and/or final development plan in conformance with submission requirements of Zoning Code Section 1145.06. **Please note that all plans submitted with this proposal must be pre-folded. A separate application for a Zoning Amendment request must also be completed.**

Should the PD request be approved, it is understood that it shall only authorize that particular use proposed in this application subject to any conditions or safeguards required by the Planning Commission. Approval of a PD by City Council shall be **valid for one (1) year from the date of approval**. A final plat must be submitted (within one year of City Council approval) for review in compliance with Zoning Code Section 1145.05 (d) or approval of said PD shall become null and void.

**The applicant or a representative who is authorized to speak on behalf of the request must be present at the meeting.**

**X** \_\_\_\_\_  
(Signature of Applicant and/or Agent)

**X** \_\_\_\_\_  
(Date)

**FOR OFFICIAL USE ONLY**

**Date Filed:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date Paid:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date of Hearing:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Recommendation to City Council:** \_\_\_\_\_

**Decision:**  Granted  Denied **Conditions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_