



1000 West Cedar Avenue  
Gladwin, Michigan 48624  
Telephone: (989)426-9231  
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**CITY OF GLADWIN**  
**PLANNED UNIT DEVELOPMENT APPLICATION**

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If applicant is not the property owner, the applicant must have signed permission from the property owner in order to obtain a variance)*

Property Owner Name: \_\_\_\_\_

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

Tax Parcel ID Number(s): \_\_\_\_\_

Zoning District: \_\_\_\_\_

Planned Unit Development Purpose: \_\_\_\_\_

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

**Please attach the following with your preliminary application:**

1. Proof of interest and/or other responsible official preparing the application in two (2) copies.
2. A written legal description of the site area proposed for development – two (2) copies.
3. A site plan and supporting maps and drawings at a scale of not more than one (1) inch = one hundred (100) feet and dimensioned to identify the size and location of plan elements.

**Please attach the following with your final application:**

1. A written legal description of the site area proposed for development – two (2) copies.
2. A letter of transmittal setting forth the proposed development schedule, including the sequence of any phases of the development, two (2) copies.

3. A site plan and supporting maps and drawings at a scale of not more than one (1) inch = one hundred (100) feet and dimensioned to identify the size and location of plan elements.
4. The organizational structure of any Homeowners Association to be formed for the operation and maintenance of all common open space, common property, and facilities within the development, two (2) copies.
5. A copy of covenants pertaining to the development, two (2) copies.
6. Plans and specifications for all sanitary sewer, storm drainage, water, and roadways within the project. Those plans and specifications shall be prepared by a professional engineer in accordance with the standards of the Michigan Department of Community Health, as they pertain to public utilities.

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**For Office Use Only:**

Application Fee: \_\_\_\_\_ \$250 \_\_\_\_\_ Date Paid: \_\_\_\_\_  
Date Notice Was: Posted: \_\_\_\_\_ Published: \_\_\_\_\_ Mailed: \_\_\_\_\_  
Date of PC Hearing: \_\_\_\_\_ PUD Approved  PUD Denied

(Attach: Minutes of PC Meeting)