

**APPLICATION FOR PLANNED UNIT  
DEVELOPMENT  
PRELIMINARY PLAN  
MONROVIA PLAN COMMISSION  
TOWN OF MONROVIA, INDIANA**

APPLICATION NO: \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_  
RECEIVED BY: \_\_\_\_\_

Applicant(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner(s): \_\_\_\_\_  
Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Applicant's Attorney  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Applicant's Registered Land Surveyor  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Property Location

Street Address: \_\_\_\_\_  
Section: \_\_\_ Township: \_\_\_ Range: \_\_\_ Nearest Street Intersection \_\_\_\_\_  
Key Number(s): \_\_\_\_\_  
Area: \_\_\_ acres Number of Lots: \_\_\_  
Existing Zoning Classification: \_\_\_\_\_ Existing Land Use: \_\_\_\_\_

Legal Description of the PUD must be attached to the application.

I (We) do hereby apply for approval of the plat or replat of the proposed subdivision or resubdivision of land in accordance with the provisions of the Comprehensive Plan and Subdivision Control Ordinance of Monrovia, Indiana. I (We) am (are) the owner(s) of the real estate included in the proposed subdivision.

The undersigned, having been duly sworn on oath states the above information is true and correct as (s)he is informed and believes.

I (We) also understand that the application fee does not include the fees associated with design review and/or construction management review. Fees for design review and/or construction management review are the direct responsibility of the applicant payable directly to the engineering firm(s) specified by the town at rates set out by various agreements and/or ordinances of the town, for services, inspections, reports, and the like required by the town.

\_\_\_\_\_  
Date Signature of Owner(s) or Agent

State of Indiana )  
County of Morgan )SS:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public: Signature Printed Name

My Commission Expires: \_\_\_\_\_ Residing in \_\_\_\_\_ County