

City of Collinsville

P.O. Box 730 ■ Collinsville OK 74021 ■ (918) 371-1010 ■ Fax (918) 371-1019

www.cityofcollinsville.com

PLANNED UNIT DEVELOPMENT

TYPE _____ DATE FILED ____/____/____ PC HEARING DATE ____/____/____
_____ Residential
_____ Non-Res. TAC HEARING DATE ____/____/____
_____ Combination S/T/R _____
REC'D BY: _____

GENERAL LOCATION _____

PRESENT ZONING: _____ PROPOSED ZONING: _____ REZONING CASE # _____

RECORD OWNER _____ PRESENT USE _____
Does record owner consent to the filing of this application? Yes No (please circle one)

If applicant is other than owner, indicate interest: _____

LEGAL DESCRIPTION OF TRACT UNDER APPLICATION:

I CERTIFY THAT THE SUBMITTED INFORMATION IS TRUE AND CORRECT.

Name: (print) _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Signature: _____ Date: ____/____/____

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APPLICANT-DO NOT WRITE BELOW THIS LINE

APPLICATION FEES

1. APPLICATION FEE:

BASE FEE \$ _____

ACREAGE: _____

ADDITIONAL \$ _____

NOTIFICATION FEES

2. NEWSPAPER PUBLICATION (YOU WILL BE BILLED)

3. NOTICE SIGNS:

1 Sign @ \$125.00 each

4. 300-FEET PROPERTY OWNERS REPORT: \$25.00

TOTAL APPLICATION FEES: \$ _____

RECEIPT NUMBER: _____

PC REC. _____ COM. ACTION _____

_____ DATE/VOTE: _____

DATE/VOTE: _____ ORD./RES. # _____

PLAT NAME & NUMBER OR WAIVER: _____