



**City of Harrisburg
Planning Services**

301 East Willow Street
Harrisburg, SD 57032
Phone: 767-5010 Fax: 743-2831

**PLANNED UNIT
DEVELOPMENT
APPLICATION**

Applicant name: _____ Date: _____

Applicant mailing address: _____

Applicant e-mail address: _____ Phone: _____

Legal description of the property: _____

Current address of the property: _____

Current zoning of the property: _____

Mixed uses requested: _____

Standards modifications requested: _____

This Application form must be accompanied by:

- A non-refundable Conditional Use Application Fee of \$300.00.
- The required development plan and maps of the development.

A sign posted by the City must be prominently displayed on the property during the period between the submission of the Application and approval of the PUD by the Planning Commission and City Council.

I hereby certify that the information I have provided is accurate and correct.

Applicant's signature

Fax or e-mail completed & signed form to michael.mcmahon@harrisburgsd.gov

FOR CITY USE ONLY

Date received: _____ PUD # _____ Date sign posted: _____.

Date of public hearing publication: _____

This Application will be scheduled for the Planning Commission meeting of _____.