

City of Foley
Planned Unit Development (PUD)
Findings & Order

Date: _____

Applicant Name: _____

Property Location: _____

Zoning of Property: _____

Project Scope: _____

The following conditions apply to the Planned Unit Development request:

1. _____

2. _____

3. _____

THE FOLEY PLANNING COMMISSION RECOMMENDS:

Approved Not Approved

Comments:

Date

Chair, Foley Planning Commission

THE FOLEY CITY COUNCIL DETERMINES:

Approved **Not Approved**

Comments:

Date

Mayor