



**CITY OF TRAVERSE CITY**  
**APPLICATION FOR**  
**P.U.D. TERMINATION REQUEST**

Date of Application: \_\_\_\_\_ P.U.D. # \_\_\_\_\_ Fee: \$1,080 Receipt #: \_\_\_\_\_

Owner's Name (s): \_\_\_\_\_

Applicant's name: \_\_\_\_\_

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

Site Address: \_\_\_\_\_

Tax ID# \_\_\_\_\_

Description of Termination Request:

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

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

Approval: \_\_\_\_\_

Planning/Zoning

Date: \_\_\_\_\_