

Petition for Change of Zoning Daviness County Advisory Plan Commission

Date: _____ Request No. (Office Use Only) _____

Notice – This application must be typewritten, accompanied by the information specified, and filed by the legal owners of fifty (50) per centum or more the real estate in the area involved in this petition at least twenty-one (21) days prior to the date of the public meeting.

Applicant Information

(If Applicant is not the Property Owner, an Affidavit & Consent of Property Owner (Form APC 4) must accompany this application.)

Applicant: _____ Contact Person _____

Address: _____

Phone Number: _____ Fax _____ Email _____

Property Owner Information

Check here, if same as applicant.

Owner: _____ Phone Number _____

Address: _____

Property Location

Address: _____

Tax Parcel ID No. _____ Total Acres _____

Property description from record source (Deed Book, Page No./Instrument No.) _____
(Attach copy)

Current Zoning _____ Existing Use _____

Requested Zoning _____ Proposed Use _____

Detailed explanation for requested zoning change _____

The above information, to my knowledge and belief, is true and correct.

Signature of Applicant

State of _____, County of _____, ss:

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires _____, 20____

A FEE OF \$200.00 TO BE PAID TO “DAVIESS COUNTY, INDIANA” MUST ACCOMPANY THIS APPLICATION.