

Floyd County Plan Commission

2524 Corydon Pike, Suite 203

New Albany, IN 47150

Phone 812-948-5440 / Fax 812-941-4571

Application for Exempt Subdivision

Date: _____

1. Applicants

Applicant(s) Name: _____

Address of Applicant(s): _____

Contact Number: _____ Fax: _____ Email: _____

2. Property Information

Property Location: _____

Parent Tract Parcel Identification Number: _____

3. Owner(s) of Property

*Complete this section if Owner is different than Applicant

Note: if Applicant is not the Owner, attach complete Affidavit of Ownership

Owner(s) of Parent Tract: _____

Address: _____

Contact Number: _____ Fax: _____ Email: _____

4. Owner(s) of Tracts

Tract 1 Owner: _____

Relationship to Parent Tract Owner: _____

Tract 2 Owner: _____

Relationship to Parent Tract Owner: _____

Tract 3 Owner: _____

Relationship to Parent Tract Owner: _____

Tract 4 Owner: _____

Relationship to Parent Tract Owner: _____

Tract 5 Owner: _____

Relationship to Parent Tract Owner: _____

All of the information above is true to the best of my knowledge. I understand that any false statements will cause this exempt division to be referred to the full Plan Commission for review.

Note:

I am aware that if any home(s) are located on or to be located on a Private Drive then this will be brought before the Board of Zoning Appeals to be heard.

5. Signatures

Applicant(s) Signature

Print Date

Owner(s) Signature

Print Date

Representative of Owner(s) of Parent Tract Signature. (If applicable)

Print Date

FLOYD COUNTY PLAN COMMISSION
ZONING AMENDMENT APPLICATION

ATTACHMENT A: AFFIDAVIT OF OWNERSHIP

If the owner(s) of the subject property are giving authorization for someone else to apply for the Exempt Subdivision, this Attachment is to be completed and submitted at the time of the application.

I (We), _____, do hereby certify
(names of owners of subject property)

that I am the owner(s) of the property legally described as _____,
(Floyd County I.D. No.)

and hereby certify that I (we) have given authorization to _____,
(name of Petitioner & Representative)

to apply for the Exempt Subdivision for my (our) property.

Name of Owner(s):	Parcel I.D. No:	Signature:	Date:

STATE OF _____)

) SS:

COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public within and for said County and State,
this ____ day of _____, 20__.

MY COMMISSION EXPIRES:

MY COUNTY OF RESIDENCE:

Notary Public

Printed Signature