



**Floyd County**  
**Department of Building & Development Services**  
2524 Corydon Pike Suite 203  
New Albany, IN 47150  
Phone: (812) 981-7611  
Fax: (812) 948-4744  
Building@floydcounty.in.gov

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## Zoning Map Amendment Application

**Please Note:**

*This Application is a document of public record. Any information disclosed on this application is available for review by the public. Incomplete applications will not be accepted. A pre-submission meeting with Building and Development Staff is strongly encouraged. Please contact the office at 812-981-7611 to schedule a meeting.*

### 1. General Information:

Applicant:	
Applicant Address:	
Applicant Phone:	
Applicant Email:	

### Applicant's Interest in Property:

Owner      Option Holder      Purchase Agreement      Legal Representative      Other

### Owner(s) of Property: (complete this section if *owner* is different than applicant)

Owner Name:	
Owner Address:	
Owner Phone:	
Owner Email:	

### Applicant's Representative:

Representative Name:	
Representative Address:	
Representative Phone:	
Representative Email:	

### 2. Site Information:

Parcel ID Number:	
Total Acreage:	
Address of Property/Location:	
Current Use of Property:	
Current Zoning District:	

**3. Zoning Map Amendment Request:**

Detail the zoning map amendment request:

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Requested Zoning District: \_\_\_\_\_

**4. Zoning Map Amendment Justification:**

Indiana Code and the Floyd County Zoning Ordinance establish specific criteria to which both the Plan Commission and County Commissioners must "pay reasonable regard" when considering a zoning map amendment request. Explain how this request addresses each criterion.

*1. The rezoning of the subject property is consistent with the Floyd County Comprehensive Plan and any other applicable, adopted planning studies or reports:*

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*2. The rezoning of the subject property is consistent with the current conditions and the character of current structures and uses in the area:*

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*3. The rezoning of the subject property is necessary for the most desirable use of the land:*

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*4. The rezoning of the subject property will not be injurious to the value of other properties in the area:*

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5. *The rezoning of the subject property will support responsible growth and development:*

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**5. Required Documents:**

\$500.00 Filing Fee

Deed for subject property

Affidavit of Ownership (if applicable)

A conceptual site plan drawn to scale showing all existing and any proposed structures, setbacks, easements, rights-of way, floodplains, and any other feature relevant to the petition.

A vicinity map showing the use and zoning of all properties within 1,000 feet of the property subject to the re-zoning request.

A letter of intent to the Plan Commission stating the reasons for the Zoning Map Amendment, including a detailed description of any proposed development for which the re-zoning is sought. The letter should include any written commitments being made by the petitioner.

For proposals using septic systems, a letter from the Floyd County Health Department shall be provided verifying that any proposed development makes appropriate use of the septic system.

For proposals using sanitary sewer systems, a letter from the service provider shall be included verifying that any proposed new development will be served.

**6. Signature:**

The undersigned states that the above information is true and correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

SUBSCRIBED AND SWORN BEFORE ME

THIS \_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_.

\_\_\_\_\_

NOTARY PUBLIC COUNTY OF \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



Floyd County Plan Commission  
Floyd County Board of Zoning Appeals

## AFFIDAVIT OF OWNERSHIP

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

I (We), \_\_\_\_\_, do hereby certify that I am (we are)  
(Owners of subject property)

the owner(s) of the property legally described as \_\_\_\_\_,  
(Parcel ID Number)

And hereby certify that I (we) have given authorization to \_\_\_\_\_,  
(Applicant/Petitioner/Representative)

To apply for the included application on this subject 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 \_\_\_\_\_, 202\_\_.

MY COMMISSION EXPIRES:

\_\_\_\_\_

\_\_\_\_\_  
Notary Public

MY COUNTY OF RESIDENCE:

\_\_\_\_\_

\_\_\_\_\_  
Printed Signature