



**Floyd County**  
**Department of Building & Development Services**  
2524 Corydon Pike Suite 202  
New Albany, IN 47150  
Phone: (812) 981-7611  
Fax: (812) 948-4744  
Building@floydcounty.in.gov

## Development Plan Review 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.*

**Development Plan Review:** A development plan is required if a development is proposed in the following districts: Highlander Point Gateway District (HP); Edwardsville Gateway District (ED); or any proposed development in the Residential Urban, Multi-Family, Neighborhood Commercial, Highway Services, or General Industrial districts.

**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. Project Overview:**

Detail the proposed project:

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**4. Modifications Requested:**

List any minor modifications requested from Development Standards. Include justification for the modification request:

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**5. Required Documents:**

- \$100.00 Filing Fee
- Deed for subject property
- Affidavit of Ownership (if applicable)
- Site Plan
- Signage Plan
- Lighting Plan
- Landscape Plan

**6. Signature:**

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

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

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

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

SUBSCRIBED AND SWORN BEFORE ME

THIS \_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

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

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

