

Floyd County Department of Building & Development Services

2524 Corydon Pike Suite 202 New Albany, IN 47150 Phone: (812) 981-7611

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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. Genera	l Information:			
Applican	nt:			
Applican	nt Address:			
Applican	nt Phone:			
Applican	it Email:			
Applicant	's Interest in Property:			
Owner	Option Holder	Purchase Agreement	Legal Representative	Other
Owner(s)	of Property: (complet	te this section if <i>owner</i> is diff	ferent than applicant)	
Owner N	lame:			
Owner A	Address:			
Owner P	hone:			
Owner Email:				
	's Representative:			
Representative Name:				
	ntative Address			
	ntative Phone:			
Represe	ntative Email:			
2. Site Info	ormation:			
Parcel ID) Number:			
Total Acı	reage:			
Address	of Property/Location:			
Current	Use of Property:			
Current	Zoning District:			

3. Zoning Map Amendment Request:
Detail the zoning map amendment request:
Requested Zoning District:
4. Zoning Map Amendment Justification:
Indiana Code and the Floyd County Zoning Ordinance establish specific criteria to which both the Plar Commission and County Commissioners must "pay reasonable regard" when considering a zoning magamendment 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:
2. The rezoning of the subject property is consistent with the current conditions and the character of current structures and uses in the area:
3. The rezoning of the subject property is necessary for the most desirable use of the land:
4. The rezoning of the subject property will not be injurious to the value of other properties in the area:

The rezoning of the subject property will support responsible growth and development:					
i. 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.					
5. Signature:					
he undersigned states that the above information is true and correct.					
Name:					
Signature: Date:					
UBSCRIBED AND SWORN BEFORE ME					
THIS DAY OF,20					
IOTARY PUBLIC COUNTY OF					
AY COMMISSION EXPIRES					



AFFIDAVIT OF OWNERSHIP

I (We),		, do herel	, do hereby certify that I am (we are)	
(0	Owners of subject property)	,		
the owner(s) of the pro-	perty legally described as	S		
			(Parcel ID Number)	
And hereby certify that	t I (we) have given author	rization to		
			etitioner/Representative)	
To apply for the includ	ed application on this sub	oject property.		
Name of Owner(s):	Parcel I.D. No:	Signature:	Date:	
CT A TE OE	`			
STATEOF				
COUNTY OF) SS:			
COUNTY OF)			
Subscribed and sworr	n to before me, a Notary P	ublic within and for said	County and	
	C	20		
State, this da	y of	_ 20		
MY COMMISSION E	EXPIRES:			
		Notary Public		
		rotary r done		
MY COUNTY OF RE	ESIDENCE:			