

CHANGE OF ZONING APPLICATION

**HARRISON COUNTY PLAN COMMISSION
245 Atwood St., Suite 215
Corydon, IN 47112
TELEPHONE 738-8927**

**APPLICATION FOR A CHANGE IN ZONING FROM THE REQUIREMENTS
OF THE HARRISON COUNTY ZONING ORDINANCE**

DOCKET # _____

DATE FILED _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

OWNER OF PROPERTY IN QUESTION: _____

ADDRESS OF PROPERTY OWNER: _____

**DESCRIPTION OF SITE IN QUESTION- ATTACH DEED.
REQUESTED ZONING FOR PROPERTY:** _____

OTHER INFORMATION:

**HAS AN APPLICATION FOR A CHANGE IN ZONING HEREINTOFORE BEEN FILED WITH THE
COMMISSION FOR THE SITE IN QUESTION? If so, give date** _____

SIGNED:

APPLICANT: _____

OWNER: _____

AGENT: _____

PHONE NUMBER: _____

MEETING DATE: _____ **TIME:** _____

FEE: \$75.00 RECEIPT #: _____