

# New Address/Change of Address Request

Town of Upland, Indiana Advisory Plan Commission

## 1. Applicant(s)

Check One:	Owner	Agent	Lessee	Contract Purchaser	Other: _____
Name:					
Address:					
Phone:	Fax:		Email:		

## 2. Property Owner(s)

If Applicant is not the Owner, attach completed **Attachment A: Affidavit of Ownership**

Check if owner and applicant are same party.		
Name:		
Address:		
Phone:	Fax:	Email:

## 3. Site Information

If only part of a parcel is requested for the Zoning Amendment, then write "PART" after the Tax Parcel Identification Number(s).

Tax Parcel Identification Number(s):
Existing Address (if applicable):
If no address, please provide a general street location from the closest street intersection:
Name of the street from which the property is accessed, if on a corner, which road does/will the structure face:

**Addresses are assigned by the Town of Upland Advisory Plan Commission. The Advisory Plan Commission meets on the third Monday of each month. Requests for a new address or change of address must be submitted at least fourteen (14) prior to the plan commission meeting at which the address can be (re)assigned.**

**The undersigned states the above information is true and correct as (s)he is informed and believes.**

Signature(s) of Applicant(s):

Date:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Notary Statement**

Sworn to and subscribed before me the

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Notary Public in and for the State of Indiana.

\_\_\_\_\_  
Notary Public / Printed

Seal

My Commission expires: \_\_\_\_\_

For Office Use Only					
Date Filed:		Date TAC Review:		Date of PC Hearing:	
Decision of PC	Unfavorable	Favorable	Favorable with Conditions		
Conditions (if any):					