



REZONING APPLICATION

Madison County Planning Commission
16 E 9th Street, Box 13, Anderson, IN 46016

Ph: (765) 641-9541 Fax: (765) 648-1361 www.madisoncountyindiana.org

NO PARTIAL FILINGS WILL BE ACCEPTED

For Office Use Only
Case #: _____
Hearing date: _____
Date fee paid: _____
Receipt #: _____
Approved _____ Denied _____

Property Owner Owner name: _____ Address: _____ Phone no(s): _____	Petitioner Information Petitioner name: _____ Address: _____ Phone no(s): _____
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Attorney/Contact Person and Project Engineer (if any) Name: _____ Address: _____ Phone no(s): _____	Name: _____ Address: _____ Phone: _____
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Attachments

Legal description of property 13 copies of proposed plans (if applicable)

Letter of intent List of interested parties

Most Current Deed

Project Information
Township & Section: _____
Acreage or lot size: _____ Parcel #: _____
Address/location: _____
Current zoning: _____ Current Use: _____
Proposed zoning: _____ Proposed Use: _____
Reason(s) for rezoning request: _____

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

Signature of Property Owner(s): _____ Date: _____
_____ Date: _____
_____ Date: _____

State of Indiana)
County of Madison) SS: Subscribed and sworn to before me this _____ day of _____, _____.

_____/_____
Notary Public Printed Name
Residing in _____ County, IN My Commission expires: _____