Planning & Building Services Department
300 E Pike St | Crawfordsville, IN 47933
crawfordsville.in.gov | 765-364-5152

REZONE APPLICATION

OFFICE USE ONLY

DOCKET # _____ FILED DATE: _____

FILING FEE: $ _____

APPLICANT INFORMATION

Applicant Name: _____ Phone: _____

Business Name: _____ Email: _____

Address: _____

Property Owner's Name: _____ Phone: _____

Business Name: _____ Email: _____

Address: _____

Representative's Name: _____ Phone: _____

Business Name: _____ Email: _____

Address: _____

PROPERTY AND PROJECT INFORMATION

Project to be known as: _____

Address or Property Location: _____

Acreage: _____ (Attach Legal Description) Existing Land Use: _____

County Parcel ID #(s): _____

Existing Zoning District: _____ Proposed Zoning District: _____

Application Type: ☐ Standard Zoning District ☐ Planned Unit Development District ☐ Text Amendment

PRE-FILING CONFERENCE

Pre-Filing Conference With: _____ (Staff Name) Date: _____

I certify that I own or control the property involved in this application, and that the information in this application is true and correct.

_____
Signature of Applicant/Representative

_____
Print Name

_____
Date

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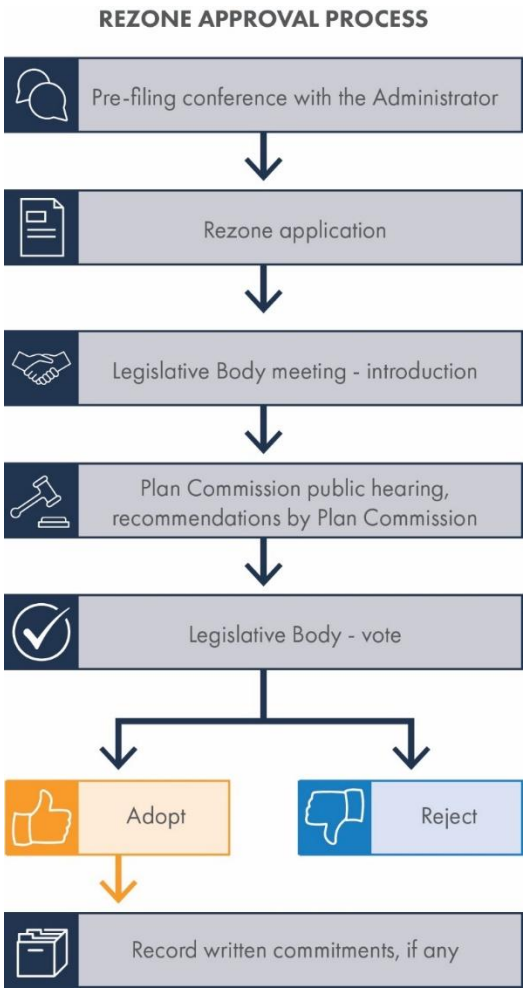
REZONE APPLICATION INSTRUCTIONS

For comprehensive information on ***Rezonings (Zoning Map Amendments)***, please refer to ***Chapter 8 of the Unified Development Ordinance***.

A. **Application Procedures**

1. Pre-Filing Conference. A pre-filing conference with the Administrator is required prior to filing an application. The applicant is encouraged to incorporate the Administrator's comments into the application before filing.
2. Filing Deadline. Applications are filed according to the schedule of meeting and filing deadlines. The applicant may be responsible for distributing a copy of the application to members of the Technical Advisory Committee if the Administrator determines such a review is necessary.
3. Forms of Filing. The applicant submits a completed application to the Administrator on forms provided by the Department with supporting information and the application fee. The Administrator establishes the number of copies of the application required for filing.



B. **Application Requirements**

1. If an application is filed by a property owner's authorized agent, a consent form signed by the property owner must accompany the application.
2. A copy of the most current deed for each parcel involved in the rezone.
3. Supporting Information
   a. A conceptual site plan showing all features relevant to the application.
   b. A vicinity map showing the use and zoning of all properties within 500 feet of the proposed Zoning Map amendment.
   c. A narrative stating the reasons for the zoning change, including a detailed description of any proposed development. The narrative should include any written commitments made by the applicant.

C. **Decision Criteria.** In reviewing a rezone application, the Plan Commission and City Council consider:

1. The Comprehensive Plan;
2. Current conditions and the character of current structures and uses in each district;
3. The most desirable use for which the land in each district is adapted;
4. The conservation of property values throughout the jurisdiction; and
5. Responsible development and growth.

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PROPERTY OWNER AFFIDAVIT

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath says they are the owners of the property involved in this application and that they hereby acknowledge and consent to the foregoing Application.

_____ _____

Property Owner (Signature) Property Owner (Printed Name)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the above party, who having been duly sworn acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of _____, 20_____.

State of _____, County of _____, SS:

_____

Notary Public Signature

_____

Notary Public (Printed Name)

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EXAMPLE PUBLIC NOTICE (PLAN COMMISSION)

NOTICE IS HEREBY GIVEN THAT the Crawfordsville Plan Commission will hold a public hearing on Time of Plan Commission Meeting. at Location of Plan Commission Meeting, to consider petition(s) [insert docket #], filed by [insert representative's name (if applicable)] on behalf of [insert applicant's or property owner's name]. The request pertains to real estate comprising approximately [insert #] acres and generally located at [insert address or intersection location], Crawfordsville, Indiana. The request is for approval of a [insert application type (e.g., Development Plan approval, a change of zoning request, Primary Plat approval)] to allow [insert project description].

Specific details regarding this request, including the application, file, and property legal description, may be obtained from the Planning & Building Services Department, or by calling 765-364-5152.

Written suggestions or objections relative to the request may be filed with the Planning & Building Services Department, at or before the public hearing. Interested persons desiring to present their views upon the request, either in writing or verbally, will be given the opportunity to be heard at the above mentioned time and place. Such hearing may be continued from time to time as may be found necessary.

Please review the agenda for this meeting on the City's website (*www.crawfordsville.in.gov*) immediately prior to the scheduled meeting time to confirm that this item has not been continued to the following meeting or that the meeting has not been cancelled.

APPLICANT:
[Enter contact information]

REPRESENTATIVE:
[Enter contact information]

City of Crawfordsville

300 E Pike St, Crawfordsville IN 47933

765-364-5152

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AFFIDAVIT OF NOTICE OF PUBLIC HEARING

Docket #: _____ Public Hearing Date: _____

Applicant's Name: _____

Representative's Name: _____ Company: _____

Project to be Known As: _____

Application Type: ☐ Standard Zoning District ☐ Planned Unit Development District ☐ Text Amendment
☐ Primary Plat ☐ Secondary Plat ☐ Site Plan ☐ Board of Zoning Appeals

PUBLIC NOTICE AFFIDAVIT

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath does hereby certify that notice of public hearing to consider above petition was sent by certified, registered or first class mail to the last known address of each of the following persons, as attached hereto as **Exhibit A**, they being all persons to whom notice was required to be sent by the Plan Commission or Board of Zoning Appeals' Rules of Procedure (as applicable), and that said notices were postmarked on the _____ day of _____, 20_____, being at least ten (10) days prior the scheduled public hearing.

I (We) further certify that the notice required to be posted on the subject property described in the above petition was posted on the subject property in accordance with the Plan Commission's or Board of Zoning Appeals' Rules of Procedures (as applicable) on the _____ day of _____, 20_____, being at least ten (10) days prior the scheduled public hearing.

_____ _____
Applicant/Representative (Signature) Applicant/Representative (Printed Name)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the above party, who having been duly sworn acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of _____, 20_____.

State of _____, County of _____, SS:

_____
Notary Public Signature

_____
Notary Public (Printed Name)

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TECHNICAL ADVISORY COMMITTEE

Docket #: _____ Filing Date: _____

Applicant's Name: _____ Phone: _____

Representative's Name: _____ Phone: _____

Project to be Known As: _____

Address or Property Location: _____

Application Type: ☐ Standard Zoning District ☐ Planned Unit Development District ☐ Text Amendment
☐ Primary Plat ☐ Secondary Plat ☐ Site Plan ☐ Board of Zoning Appeals

DELIVERY AFFIDAVIT

IN WITNESS WHEREOF, the undersigned, having duly sworn, upon oath certifies that on behalf of the above application, that I caused copies of said application and supporting plans and materials to be delivered electronically or in hardcopy on the day of _____, 20_____ to the members of the Crawfordsville Technical Advisory Committee members as set forth in the attached.

_____ _____
Applicant/Representative (Signature) Applicant/Representative (Printed Name)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the above party, who having been duly sworn acknowledged the execution of the foregoing instrument.

Witness my hand and Notarial Seal this _____ day of _____, 20_____.

State of _____, County of _____, SS:

_____
Notary Public Signature

_____
Notary Public (Printed Name)