



Town of
INGALLS, IN
VARIANCE / SPECIAL EXCEPTION

STATEMENT OF COMMITMENTS - Page 1 of 2

TOWN OF INGALLS BOARD OF ZONING APPEALS (BZA)

In accordance with I.C. 36-7-4-1015, the owner of the real estate located in the Town of Ingalls, Madison County, Indiana, which is described below, makes the following COMMITMENTS concerning the use and development of the parcel of real estate:

Tax ID Number: _____

Property Address: _____

(Attach legal description of property with warranty deed or contract)

Statement of Commitments:

1. _____

2. _____

3. _____

These COMMITMENTS shall be binding on the owner, subsequent owners, and other persons acquiring an interest in the real estate. These COMMITMENTS may be modified or terminated by a decision of the Ingalls Board of Zoning Appeals made at a public hearing after proper notice has been given.

COMMITMENTS contained in this instrument shall be effective upon the grant of variance, special exception or approval petition # _____ by the Ingalls Board of Zoning Appeals..

These COMMITMENTS may be enforced jointly and severally by:

1. The Town of Ingalls Town Council, Plan Commission, Board of Zoning Appeals; or
2. Owners of all parcels of ground adjoining the real estate depth of two (2) ownerships, or 300 feet (whichever is less) from the exterior boundary of the subject property. The most current list of property owners will be obtained and verified through the Madison County Auditor's Office.

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The undersigned hereby authorizes the Town of Ingalls Planning Department to record this Commitment in the Madison County, Indiana Recorder's Office, upon final approval of petition #_____.

Signature of Property Owner / Petitioner

Signature of Property Owner / Petitioner

Printed Name

Printed Name

Date: _____

Date: _____

STATE OF INDIANA)
) SS:
COUNTY OF MADISON)

Before me, a Notary Public in and for said County and State, personally appeared:

_____ owner(s) (title / organization name) of the real estate who acknowledged the execution of the foregoing instrument and who, having been duly sworn, stated that any representations therein contained are true.

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20_____.

My Commission Expires:

_____, Notary Public

Residing in _____ County, IN