

**DELAWARE-MUNCIE METROPOLITAN PLAN COMMISSION
PROPOSED ZONING CHANGE APPLICATION**

Jurisdiction: (Check One)

Submitted: _____

☐ Delaware County

Case No.: _____

☐ City of Muncie

(1) Applicant: _____

Address: _____ Phone: _____

(2) Record of Applicant's Ownership:

A. ☐ By Deed:
Deed Book No. & Page No.: _____
Date of Deed: _____

B. ☐ By Recorded Contract:
Misc. Book No. & Page No.: _____
Date of Contract: _____

C. ☐ By Unrecorded Contract:
Date of Contract: _____
Name of Contract Seller: _____
Book No. & Page No. Of Deed in Seller's Name: _____

(3) Legal Description of Property for which rezoning is requested: (From the Deed or Abstract).

(4) Common Address of Property Involved:

(5) Proposed zoning change: (Give exact zone classification.)
From the _____ Zone
To the _____ Zone

- (6) Intent and Purpose of Proposed Change: (Specify use contemplated on property.)
- (7) Will the Owner develop the property for the use specified in Item 6 or does owner intend to sell property for the purpose specified.
- (8) State how the proposed change will not adversely affect the surrounding area.
- (9) Will certain variances be requested if the proposed zoning change is granted?
(If yes, list the variances)
- (10) Has the applicant provided stamped, addressed envelopes to send notices of this rezoning to all the property owners within 300 feet? _____
Has the applicant discussed this rezoning with those owners personally? _____
(If answer is yes, give their attitudes toward the rezoning.)
- (11) Are there any restrictions, easements, and/or covenants governing the property prohibiting its use for the purpose specified in this application?
(If answer is yes, attach copy of it and/or explain.)

AFFIDAVIT

(I or We) _____ being duly sworn, depose and say that I/We am/are the owner(s)/contract owner(s) and contract seller(s) of property involved in this application and that the foregoing signatures, statements, and answers herein contained and the information herewith submitted are in all respects true and correct to the best of my/our knowledge and belief.

SIGNATURES: _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission Expires

Resident of _____ County

State of _____

PRINT

DO NOT WRITE IN THIS SPACE

The foregoing application has been inspected by me and was submitted to the Delaware-Muncie Metropolitan Plan Commission Office in accordance with all the formal requirements. If properly advertised by the applicant, this application will be heard by the Plan Commission in Public hearing on the _____ day of _____, 20_____.

Signed _____

Date _____