

Grant County Area Plan Commission
Application for Zoning Change

Date _____
Docket # _____
Township _____
Parcel # _____

	Applicant	Owner
First & Last Name	_____	_____
Address	_____	_____
City, State, Zip Code	_____	_____
Phone Number	_____	_____
Email:	_____	_____

Address of Re-zoning Site _____

Legal Description of the Property _____

Request Zoning Change From _____ To _____

Reasons for Proposed Zoning Change _____

Newspaper _____

Property Owner's Signature _____

Printed Signature _____

State of Indiana
SS:
County of Grant

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

Notary Public _____
Print _____

My Commission Expires _____

Office Use Only

Receipt for Filing Fee: \$ 75.00 was received on this _____ day of _____, 20____
Receipt Number _____
Date of APC Public Hearing _____ Favorable Un-Favorable No Recommendation

REASON TEST
[IC-36-7-4-603]

Explain how and why your rezone petition complies or is consistent with the master plan?

Explain how and why the proposed rezone classification will be consistent with current conditions or the character of current structures and uses in the immediate neighborhood?

Explain how and why the proposed rezone classification will be consistent with the most desirable use for which the land is best suited for.

Explain how and why the petition will substantially conserve property values in the jurisdiction.

Explain how and why the rezone is responsible development and growth for the jurisdiction.
