



Plan Commission
Rezoning Application
 City Hall, 1 North Locust Street, Greencastle, IN 46135

<i>For Office Use Only</i>	
Case #:	_____
Hearing Date:	_____
Fees:	_____
Approved	Denied

1. Applicant/Property Owner:

Applicant:
 Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____

Owner:
 Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____

2. Applicant's Attorney/Contact Person and Project Engineer (if any):

Attorney/Contact Person:
 Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____

Project Engineer:
 Name: _____
 Address: _____

 Phone Number: _____
 Fax Number: _____

3. Project Information:

General Location of Property (and address if applicable): _____

Current Use: _____
 Current Zoning: _____
 Proposed Use: _____
 Proposed Zoning: _____
 Area (in acres): _____

4. Reasons for Rezoning Request:

5. Attachments:

- Affidavit & Consent of Property Owner (if applicable)
- Proof of ownership (copy of deed)
- Letter of Intent
- Site Plan
- Vicinity Map
- Application Fee
- Legal Description

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

Signature of Applicant: _____ Date: _____

State of Indiana)
 County of Putnam) SS:

Subscribed and sworn to before me this _____ day of _____, _____.

 Notary Public - Signed / Printed

Residing in _____ County My Commission expires _____

**AFFIDAVIT OF NOTICE TO INTERESTED PARTIES
Public Hearing of the Greencastle Plan Commission**

STATE OF INDIANA)
COUNTY OF PUTNAM) SS:

I, _____, DO HEREBY CERTIFY THAT NOTICE TO INTERESTED
(Name of person mailing letters)
PARTIES OF THE PUBLIC HEARING BY THE GREENCASTLE PLAN COMMISSION, to consider the application

of: _____: Case #: _____
(Name of person on application)

Requesting: _____

For Property Located at: _____

Was sent to the following owners and addresses as listed in the Plat Books of the Putnam County Plat Office (attach additional sheets if necessary):

OWNERS

ADDRESS

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

And that said notices were sent on or before the _____ day of _____, _____, being at least ten (10) days prior to the date of the Public Hearing.

(Name of person mailing the letters)

State of Indiana)
County of Putnam) SS:

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public / Printed

Residing in _____ County My Commission expires _____

AFFIDAVIT & CONSENT OF PROPERTY OWNER
Application to the Greencastle Plan Commission

STATE OF INDIANA)
COUNTY OF PUTNAM) SS:

I, _____, AFTER BEING DULY SWORN, DEPOSE AND SAY THE
(Name of property owner)
FOLLOWING:

1. That I am the owner of real estate located at _____;
(Address of affected property)
2. That I have read and examined the Application made to the Greencastle Plan Commission by:
_____ Case #: _____;
(Name of applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the Greencastle Plan Commission.

Owner's Name (Please Print)

Owner's Signature

State of Indiana)
County of Putnam) SS:

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public / Printed

Residing in _____ County My Commission expires _____

NOTICE OF PUBLIC HEARING
Notice by the Greencastle Plan Commission

Notice is hereby given that the Greencastle Plan Commission will hold a Public Hearing on _____
(Date of hearing)
at _____ at Greencastle City Hall located at 1 North Locust Street, Greencastle, Indiana, to consider
(Time)
a petition by _____ case number _____, to allow the following:
(Name of applicant) (Case number)

(Brief description of request)

On property commonly know as _____ and also described by the following:
(Common address of property)

(INSERT LEGAL DESCRIPTION OF PROPERTY)

A copy of this Petition, and all information pertaining thereto are on file and available for examination prior to the Public Hearing at the offices of the Greencastle Plan Commission located in City Hall at 1 North Locust Street, Greencastle, IN 46135.

Written comments in support of or in opposition of the Petition may be filed with or mailed to the City Planner prior to the Public Hearing at the above address, or filed with the Plan Commission Secretary at the Public Hearing. Said Public Hearing will be open to the public and any objectors will be heard at this meeting. Hearings may be continued from time to time as may be necessary.

Applicant's Name



**Application for Rezoning
Finding of Fact & Recommendation by the Greencastle Plan Commission**

Applicant: _____ Case #: _____

Location: _____

The Plan Commission of the City of Greencastle, having heard the application for rezoning described above, and all opposition from parties claiming to be adversely affected thereby, has considered the request based on the provisions of Indiana law and forwards the following findings and recommendation to the Greencastle City Council:

1. The request **is/is not** (circle one) consistent with the City of Greencastle Comprehensive Plan because: _____

2. The request **is/is not** (circle one) consistent with the current conditions and the character of structures and uses in each zoning district because: _____

3. The request **is/is not** (circle one) consistent with the most desirable use for which the land in each district is adapted because: _____

4. The request **is/is not** (circle one) consistent with the conservation of property values throughout the jurisdiction because: _____

5. The request **is/is not** (circle one) consistent with responsible growth and development because: _____

Based on the findings described above, the Commission hereby forwards a **favorable/unfavorable** (circle one) recommendation to the City Council this _____ day of _____, _____.

Greencastle Plan Commission

By: _____
President

Attest: _____
Secretary