1. Applicant/Pro	perty Owner				
Applicant:		Owner:			
Name:		Name:			
		Address:			
Fax Number:		Fax Number:			
2. Applicant's A Attorney/Contact Pe Name: Address: Phone Number: Fax Number: 3. Project Inform Address/Location of De Area in Acres:	Attorney/Contact Person and erson:	Project Designer (if any): Project Designer: Name: Address: Phone Number: Fax Number: Current Zoning: Proposed Zoning: Proposed Use: Proposed Miles of New Streets			
☐ Authorization from☐ Conceptual Develor☐ Vicinity Map	nt of Property Owner (if applicable Owner(s) (if applicant is not owner) pment Plan	□ Common Holdings Map □ Sewerage Verification □ Application Fee rue and correct as (s)he is informed and believes.			
Signature of Applic	ant:	Date:			
State of Indiana)				
County of Putnam) SS:				
	Subscribed and sworn to before	ore me this day of,			
	Notary Public - S	rigned Printed			
	Paciding in	County My Commission expires			
	Residing in	County 1419 Commission expires			
Office Use Only					
Application #:	Date Received: Fee	e: Approved Y N Date of Approval:			

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

	E OF INDIANA NTY OF PUTNA)) SS:		
I,	Ql		, AFTER BE	ING DULY SWORN, DEPOSE AND SAY THE	
FOLL	OWING:	roperty owns	x)		
1.	That I am the	owner of	real estate located at	(Address of affected property)	
2.	That I have re	ead and ex	camined the Application made to Case #	the Greencastle Plan Commission by:	
3.	That I have no Plan Commission		ons to, and consent to the request	(s) described in the Application made to the Green	castle
				Owner's Name (Please Print)	_
				Owner's Signature	
State of I	Indiana of Putnam)) SS:	Subscribed and sworn to before me this _	day of	
			Notary Public	/Printed	
			Residing in	County My Commission expires	

PLANNED UNIT DEVELOPMENT

CONCEPTUAL PLAN APPLICATION CHECKLIST

Greencastle Plan Commission

Appli	licant:	Case #:	Date:	
Projec	ect:			
the fol	Conceptual Development Plans prepared for Plans ollowing specifications and other applicable requirements and other applicable requirements.	irements of the City of Green	castle. The Plan Commission has	the
	eral ore than one page is used, each page shall be num ity to provide for quality reproduction or recording		must be legible and of sufficient	
	ceptual Development Plans for Planned Upper Conceptual Development Planned Upper	•	al	
	Name, address, and telephone number of the	applicant,		
	Name, address and telephone number of any Conceptual Development Plan design,	land surveyors, engineers, or	other professionals responsible for	r the
	Name, address and phone number of the prim primary contact person is the applicant or con	•	application (it shall be indicated i	f the
	The legal description of the subject property a	and common address of the si	te,	
	Legend and notes, including a graphic scale,	north point, and date,		
	The existing and proposed layout of streets, s	idewalks and trails, open space	ee, and other basic elements of the	plan,
	All existing and proposed easements and thei	r purpose,		
	Existing and proposed easements and their pu	irpose,		
	Location of known natural streams, regulated wooded areas, isolated preserved trees, wetlan hydrants and any other significant feature(s) to	nds, historic features, existing	structures, dry wells, utility lines	
	 General description of the location and types structures and their setbacks, 	of structures on the site, inclu	ding the distances between the	
	Proposals and plans for handling traffic, park signage, landscaping, and other pertinent deve		servation and removal, lighting,	
	A general statement of the covenants and wri Plan as well as the order and estimated time of		a part of the Detailed Developme	nt
	A statement of the proposed order of develop applicable, and the order and content of each	•	of the project, including phasing, i	f
-	The land use categories within the developme	ent, including proposed densit	ies of residential uses,	
	A topographic survey of the area with contou requirement of the City Engineer, and	r lines a maximum of 2 feet a	part, or otherwise meeting the	
	A utilities plan, including storm sewer, sanita	ry sewer, water, and general of	drainage.	



1. Applicant/Pr	operty Owner					
Applicant:			Owner:			
Name:			Name:			
Address:			Address:			
Phone Number:						
Fax Number:			Fax Number:			
2. Applicant's Attorney/Contact Person and Pro Attorney/Contact Person: Name:			Project Designer: Name: Address: Phone Number: Fax Number: Current Zoning: Proposed Zoning: Proposed Use:			
Current Use:			Proposed Number of Lots:			
 □ Authorization from Owner(s) (if applicant is not owner) □ Detailed Development Plan □ Vicinity Map 			 □ Sewerage Verification □ Preliminary Plat (if applicable) □ Application Fee 			
The undersigned	states the above i	information is tru	ue and correct as (s)he is informed and believes.			
Signature of Appli	cant:		Date:			
State of Indiana)					
County of Putnam) SS:					
	Subs	cribed and sworn to before	ore me this,			
		Notary Public - Sig	igned Printed			
		Residing in	County My Commission expires			
		<u> </u>				
Office Use Only						
Application #:	Date R	eceived:	Fee: Approved Yes No			
Concept Plan Applie	cation #:	Concept Pl	Plan Date of Approval:			
			**			

PLANNED UNIT DEVELOPMENT DETAILED PLAN APPLICATION CHECKLIST

Greencastle Plan Commission

Applicant:	::	Case #:	Date:
Project:			
following : Council ha	led Development Plans prepared for Planned specifications and other applicable requirem ave discretion to waive or relax any of the rences dictate.	ents of the City of Greencas	stle. The Plan Commission and the City
	nan one page is used, each page shall be numb provide for quality reproduction or recording		as must be legible and of sufficient
	Development Plans for Planned Unit wing shall be included on the Detailed Development		
Al	all documents included in the Conceptual Dev	velopment Plan, as updated,	finalized, and/or amended,
	roposed covenants and development standard and and ards for the property once rezoned,	ds which will serve as the zo	oning requirements and development
Inc	ndex identifying all documents included in th	e Detailed Development Pla	an,
Co	over sheet indicating that it is the Detailed D	evelopment Plan and indica	ating the date and case number,
	inding of all documents submitted on paper 8 and conceptual layout(s) which must be folded		ion, except for the maps, sketches, plans
	ny other information requested in writing by oning Administrator deemed important to the	9	

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

COUNTY OF PU) SS:			
I, (Name of person mail	ing letters)	VEA DING DV TV	_, DO HERE	BY CERTIFY TH	HAT NOTICE TO INTER	RESTED
PARTIES OF THI	E PUBLIC E	IEARING BY TE	IE GREENCA	STLE PLAN CO.	MMISSION, to consider	the application
of:				:(Case #:	
(Name of pers	on on application	1)				
Requesting:	 					
For Property Loca	ted at:					
Was sent to the fol additional sheets if		ers and addresses	as listed in the	Plat Books of the	e Putnam County Plat Off	ice (attach
<u>OWNERS</u>			<u>ADDRESS</u>			
					,	
						
And that said notic to the date of the P	ces were sent Public Hearin	on or before the	day of _	,	, being at least te	n (10) days prio
				(Name of person ma	iling the letters)	
State of Indiana County of Putnam)) SS:	Subscribed and sworn	n to before me this _	day of	,,	
		Notary Pu	blic	/	Printed	
		Residing i		County	mission expires	

NOTICE OF PUBLIC HEARING Notice by the Greencastle Plan Commission

at Greencastle City Hall located at 1 North Locust Street, Greencastle, Indiana, to consider						
(Time)	•			_ , to allow the following:		
a pendion by	(Name of applicant)	cuse number _	(Case number)	, to allow the following.		
(Brief description of re	equest)					
On property com	nmonly know as	Common address of property)	and also describ	ped by the following:		
	(INSE	RT LEGAL DESCRIPT	ION OF PROPE	RTY)		
* *				ble for examination prior to the Public North Locust Street, Greencastle, IN		
Public Hearing a Hearing will be o	t the above address, or	filed with the Plan Commi	ission Secretary at	mailed to the City Planner prior to the the Public Hearing. Said Public his meeting. Hearings may be		
Applicant's Nam	ne					