

Department of Planning &
Community Development
CITY OF CRAWFORDSVILLE

Petition to Amend the Zoning Map

Petition No. _____

Petitioner: _____

Phone No. _____

Address: _____

Owner: _____

Phone No. _____

Address: _____

The above hereby petitions to amend the Zoning Maps of Crawfordsville, Indiana by reclassifying property from the _____ Zoning District(s) to the _____ Zoning District(s) for the property described as follows, and shown on the maps attached hereto, which are made a part of the petition.

Property Address: _____

Legal Description: _____

Date Purchased: _____ Subdivision: _____

Parcel Size: _____ Parcel No. _____ Zoning District: _____

Current Use of Property: _____ Proposed Use: _____

Reason for Request: _____

Section of Ordinance from which Appeal is sought: _____

I understand and agree, upon execution and submission of this petition, that I agree to abide by all provisions of the Crawfordsville Zoning Code as well as all procedures and policies of the Crawfordsville Plan Commission whose provisions, procedures, and policies related to the handling and disposition of this application; and that the above information is true and accurate to the best of my knowledge.

Petitioner/Agent

Date

NOTICE: An accurate legal description and map of the property shall be attached to the petition for Plan Commission consideration.

FOR OFFICE USE ONLY

Date Received: _____

Petition Fee: _____ Legal Fee: _____ Certified Mail: _____ TOTAL: _____

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