

REZONE APPLICATION

An Application to the Area Plan Commission of Fountain County is hereby made in order to rezone the following described Property:

DATE _____

FEE AMOUNT PAID _____

NAME OF PETITIONER _____

ADDRESS _____

PHONE NUMBER _____

NAME OF OWNER _____

ADDRESS _____

PHONE NUMBER _____

LOCATION OF PARCEL REQUESTED FOR REZONE

COMMON ADDRESS _____

TOWNSHIP _____ SECTION _____ TOWNSHIP _____ RANGE _____

EXISTING ZONING _____ PROPOSED ZONING _____

FLOOD PLAIN Y/N

RECOMMENDATION BY THE ADVISORY PLAN COMMISSION

- NO RECOMMENDATION
- FAVORABLE RECOMMENDATION
- UNFAVORABLE RECOMMENDATION

DATE OF LEGAL ADVERTISEMENT _____

DATE OF PUBLIC HEARING _____

COUNTY COMMISSIONERS HEARING DATE _____