

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: \$ 100.00 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?*

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*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?*

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

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

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

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