



MADISON

Indiana
Planning, Preservation and Design

101 W Main St
Madison, IN 47250
(812) 265-8324

Application to Amend the Official Zoning Map (Rezoning)

Application Fee	\$ 100.00
Ad Fee (for Legal Notice)	\$ 15.00
Total Due	\$ 115.00

Purpose: Per the City of Madison Zoning Ordinance, whenever the public necessity, convenience, general welfare, or good zoning practices require, the City Council may by ordinance after receipt of recommendations thereon from the Plan Commission, and subject to procedures provided by law, amend, supplement, change, or repeal the regulations, restrictions, and boundaries or classification of property.

This application must be filed at least 15 days prior to scheduled meeting to be eligible for consideration at that meeting. Actual deadlines vary due to holidays, office business hours and operating schedule, media publishing deadlines, etc. Deadlines are published publicly and can also be provided by contacting the Planning Office.

APPLICANT INFORMATION

Name: VALENTINA TULLIS
 Street: 417 W STATE ST
 City: MADISON State: IN Zip: 47250
 Phone (Preferred): 812-599-4950
 Phone (Alternate): _____
 Email: VALTULLISS4@GMAIL.COM

OWNER INFORMATION (IF DIFFERENT*)

Name: JOHN C & VALENTINA TULLIS
 Street: _____
 City: _____ State: _____ Zip: _____
 Phone (Preferred): _____
 Phone (Alternate): _____
 Email: _____

** If Applicant is not Owner, MUST submit documentation from owner authorizing applicant on their behalf.*

PROPERTY FOR WHICH REZONING IS PROPOSED

Address and/or Legal Description of Property: 417 STATE ST
 Parcel I.D. (can be obtained from the office): 39-08-27-442-004.000-007
 Present Zoning Classification: GB
 Description of Proposed Use: RESIDENCE
 Approximate Cost of Work to be Done: _____
 Proposed Zoning Classification: R-8
 Description of the rezoning request: HOME EXISTS AS NON-CONFORMING USE. WANT TO ADD COVERED PORCH FOR FRONT DOOR AND POTENTIALLY A GARAGE ON THE PROPERTY.

Submit property site plan detailing all requested setbacks. The site plan should also indicate structures, parking areas, adjoining streets and neighboring land uses.

Include any other documents/information which you feel will aid the Board in making its determination.

Certified letters MUST be mailed to adjoining property owners (includes owners of real estate at corners, across streets, alleys or easements as well as others who may share a common boundary) at least ten (10) days prior to the meeting. The Planning Office can assist you in obtaining this information. Proof of the Certified Mail receipts and the corresponding returned green cards shall be given to the Planning Office at least one (1) working day prior to the scheduled meeting. The Board will not review the application unless these are received.

I certify that the information provided in this application is true and accurate to the best of my ability and I understand and agree to the Certified mail stipulations.

08/25/2023
Date

Valentina Tullis
Signature of Applicant

COMPLETED BY PLANNING OFFICE	Meeting Information: Plan Commission
Application Accepted on: <u>08/25/2023</u>	101 W Main St, Madison, IN 47250 – Council Chambers
Application Accepted by: <u>JOE PATTERSON SAC</u>	^{TUESDAY} Meeting Date: <u>OCTOBER 10, 2023</u> Time: 5:30PM

Documentation Review (Completed by Planning Office)

- N/A Owner Authorization provided (if req'd)
- Site plan is adequate
- Application is complete
- GIS Information to applicant and attached
- Certified Mail Receipts received (attach)
- Certified Mail Green Cards received (attach)

Staff Notes



MadisonZoning
Zoning Code:

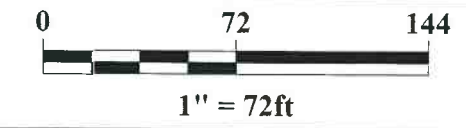
GB
R-8

Regional Counties

County Boundary
Townships
Corporate Boundaries
Water
Parcels
Drives, Alleys, etc.

Addresses

Regional Counties
Regional Roads
Regional Highways
Water
Railroad
Drives, Alleys, etc.
Roads
Highways



417 State St