



DOCKET ID ASSIGNED:

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

Application to Amend the Official Schedule of District Regulations

Application Fee	\$ 50.00
Ad Fee (for Legal Notice)	\$ 15.00
Total Due	\$ 65.00

Paper applications will be accepted by the Office of Planning, Preservation, and Design; however, electronic submissions through our Permit Portal are preferred. This application can be submitted electronically at www.madison-in.gov/reporting.

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: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone (Preferred): _____

Phone (Alternate): _____

Email: _____

OWNER INFORMATION (IF DIFFERENT*)

Name: _____

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: _____

Parcel I.D. (can be obtained from the office): _____

Present Zoning Classification: _____

Description of Proposed Use: _____

Approximate Cost of Work to be Done: _____

Proposed Schedule of Uses Category #: _____

Description of the amendment request: _____

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.

Date

Signature of Applicant

COMPLETED BY PLANNING OFFICE	Meeting Information: Plan Commission
Application Accepted on: _____	101 W Main St, Madison, IN 47250 – Council Chambers
Application Accepted by: _____	Meeting Date: _____ Time: 5:30PM

Documentation Review (Completed by Planning Office)

- ___ Owner Authorization provided (if req'd)
- ___ Application is complete
- ___ GIS Information to applicant and attached
- ___ Certified Mail Receipts received (attach)
- ___ Certified Mail Green Cards received (attach)

Staff Notes