101 W. Main St., Thorntown, IN 46071 Planning@thorntown.in.gov

# **REZONE/PUD APPLICATION**

Application type*:	For office use only:			
☐ Rezone	App No:			
☐ Planned Unit Development (PUD)	Date received:			
☐ Ordinance/PUD Amendment	App fee:			
Modification to commitments	Fee paid by: ☐ Cash ☐ Check			
	Check #:			
*Required sections to fill out				
PROPERTY INFORMATION*				
Address/Location:				
Parcel(s)' ID(s):				
Current use:	Current zoning:			
Proposed use:	Proposed zoning:			
Project total size: Acres	Acres (include the area of all parcels)			
PROPERTY OWNER INFORMATION*				
Name:				
Mailing address:				
City/Town:	Zip code:			
Email:	Phone #:			
APPLICANT INFORMATION* □ Sa	ame as owner			
Name:	Title:			
Company name:				
Mailing address:				
City/Town:	Zip code:			
Email:	Phone #:			

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PRIMARY CONTACT INFORMATION	☐ Same as applicant			
Name:	Title:			
Company name:				
Mailing address:				
City/Town:	Zip code:			
Email:	Phone #:			
ATTORNEY INFORMATION				
Name:	Title:			
Company name:				
Mailing address:				
City/Town:	Zip code:			
Email:	Phone #:			
PROJECT DESCRIPTION*				
Proposed project name:				
Project description (Briefly describe the project: what would be built, how the property would be used, and how the project would be integrated into the surrounding area.)				

# **COMPLIANCE WITH THORNTOWN COMPREHENSIVE PLAN\***

(Briefly describe how the proposed project follows the land use policies laid out in Thorntown Comprehensive Plan.)

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# **APPLICANT AFFIDAVIT**

STATE OF		
COUNTY OF	S.S.	
The undersigned, having been duly sworn correct as they are informed and believe.	on oath, states that the in	formation in the Application is true and
Арі	plicant printed name:	
	Applicant signature:	
Subscribed and sworn to before me this _	day of	, 20
	Notary printed name:	
	Notary signature:	
Му	commission expires:	

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### **OWNER AFFIDAVIT**

STATE OF	
COUNTY OF	S.S.
The undersigned, having been duly sworn of	on oath, states that they are the Owner of the Property involved in
this application, particularly the owners of	these parcels (county tax IDs)
and that t	they hereby acknowledge and consent to the forgoing Application.
Own	ner printed name**:
	Owner signature**:
Property Owner, who having been duly swo	ic in and for said County and State, personally appeared the orn acknowledged and consents to the execution of the foregoing re me thisday of, 20
N	Notary printed name:
	Notary signature:
Му	commission expires:

<sup>\*\*</sup> A signature from each party having interest in the property involved in this application is required. If the Property Owner's signature cannot be obtained on the application, then a notarized statement by each Property Owner acknowledging and consenting to the filing of this application is required with the application.