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

# SUBDIVISION APPLICATION

*Required sections to fill out Application type*:		For office use	only:		
Primary Plat		App No:			
□ Secondary Plat		Date received:			
$\Box$ Minor Subdivision P	Plat	App fee:			
🗆 Plat Amendment		Fee paid by:	🗆 Cash	Check	
Plat Vacation		Check #:	Check #:		
□ Certificate of Correc	ction				
PROPERTY INFORMATION*					
Address/Location:					
Parcel(s)' ID(s):					
-					
Subdivision name:					
	Current zoning:				
Current use:			Current zoni	ng:	
Current use: Proposed use:			Current zoni Proposed zoni		
-		Acres Propo		ng:	
Proposed use:	(include the area o	Acres Propo	Proposed zoni	ng:	
Proposed use:		Acres Propo	Proposed zoni	ng:	
Proposed use: Project total size:	(include the area c	Acres Propo	Proposed zoni osed open spa	ng:	
Proposed use: Project total size: Proposed No of Lots:	(include the area c Lots osed? □ Yes	Acres Propo of all parcels)	Proposed zoni osed open spa n of proposed be subdivision	ng:	Acres
Proposed use: Project total size: Proposed No of Lots:	(include the area c Lots osed? □ Yes	Acres Propo of all parcels)	Proposed zoni osed open spa n of proposed be subdivision	ng: ce: public way regulations that the wa	Acres
Proposed use: Project total size: Proposed No of Lots:	(include the area o Lots osed? □ Yes □ Yes □ No	Acres Propo of all parcels)	Proposed zoni osed open spa n of proposed be subdivision	ng: ce: public way regulations that the wa	Acres
Proposed use: Project total size: Proposed No of Lots: New public ways propo Waiver(s) Requested?	(include the area o Lots osed? □ Yes □ Yes □ No	Acres Propo of all parcels) No Length If yes, please describ requested for below.	Proposed zoni osed open spa n of proposed be subdivision	ng: ce: public way regulations that the wa	Acres

### TOWN OF THORNTOWN

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PROPERTY OWNER INFORMATION*						
Name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					
APPLICANT INFORMATION*  Same as owner						
Name:	Title:					
Company name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					
SURVEYOR/ENGINEER INFORMATION*						
Name:	Title:					
Company name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					
ATTORNEY INF	ORMATION					
Name:	Title:					
Company name:						
Mailing address:						
City/Town:	Zip code:					
Email:	Phone #:					

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## **APPLICANT AFFIDAVIT**

STATE OF \_\_\_\_\_\_ S.S.

COUNTY OF \_\_\_\_\_\_ 5.5.

The undersigned, having been duly sworn on oath, states that the information in the Application is true and correct as they are informed and believe.

Applicant printed name:	
Applicant signature:	
Subscribed and sworn to before me thisday of	, 20
Notary printed name:	
Notary signature:	
My commission expires:	

#### TOWN OF THORNTOWN 101 W. Main St., Thorntown, IN 46071 Planning@thorntown.in.gov

## **OWNER AFFIDAVIT**

STATE OF \_\_\_\_\_\_ S.S.

The undersigned, having been duly sworn on oath, states that they are the Owner of the Property involved in this application and that they hereby acknowledge and consent to the forgoing Application.

Owner printed name\*\*:

Owner signature\*\*:

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the Property Owner, who having been duly sworn acknowledged and consents to the execution of the foregoing Application. Subscribed and sworn to before me this \_\_\_\_\_\_day of \_\_\_\_\_\_, 20 \_\_\_\_\_.

Notary printed name:

Notary signature:

My commission expires:

\*\* 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.