



PETITION FOR ORDINANCE TO CHANGE ZONING MAP

NEW HAVEN PLANNING DEPARTMENT
815 LINCOLN HIGHWAY EAST, NEW HAVEN, IN 46774
PH: (260)748-7040 FAX: (260) 748-7075



TO: THE COMMON COUNCIL OF THE CITY OF NEW HAVEN INDIANA AND THE NEW HAVEN PLAN COMMISSION

I/We, _____ do hereby petition your Honorable body to change the symbols on the Zoning Map of the New Haven, Indiana Plan Commission's Jurisdictional Area, by reclassifying from the _____ District to the _____ District for the property described as follows, and shown outlined in red on the map attached hereto, which is made a part of this petition:

Applicant Information

Name:		
Address:		
City:	State:	Zip Code:
Phone:	Fax:	E-mail:

Property Information

Property Location (address or brief description):		
Proposed Use of Property:		
Subdivision:		
Township:	Section:	Range:

This application must be accompanied by:

- A **map or plat** which shows the area proposed for change outlined in red and an **accurate legal description**.
- Application fee** (\$600.00). Checks should be made payable to the City of New Haven.
- A complete list of **the names and addresses of all property owners** within the area.
- Additional signature pages** when necessary.
- Any other information deemed necessary by the New Haven Planning Director.

(I/We) certify that the undersigned, (I am/we are) the owner(s) of fifty percent or more of the property described in this petition.

_____ (Printed name of owner)	_____ (Signature of owner)	_____ (Date)
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMPLETE ONLY IF THE APPLICANT(S) IS/ARE DIFFERENT THAN THE PROPERTY OWNER(S)

I/We, certify the accuracy of all information provided with this application. This includes the plot plan, legal description, and dimensions of the proposed structure(s) shown:

_____ (Printed name of applicant)	_____ (Signature of applicant)	_____ (Date)
_____	_____	_____

OFFICE USE	REVIEWED	RECEIPT NO.
	_____ (Name) _____ (Date)	_____