

For Office Use Only

Case #: _____
Hearing date: _____
Date fee paid: _____
Receipt #: _____
Approved _____ Denied _____

Madison County Planning Commission
16 E 9th Street, Box 13, Anderson, IN 46016

Ph: (765) 641-9541 Fax: (765) 648-1361 www.madisoncounty.in.gov

NO PARTIAL FILINGS WILL BE ACCEPTED

MPCAPP Rev 2/16/11

REZONE

WAIVER OF SUBDIVISION REGULATIONS

ADMINISTRATIVE APPEAL

Property Owner

Owner name: _____
Address: _____
Phone no(s): _____

Petitioner Information

Petitioner name: _____
Address: _____
Phone no(s): _____

Attorney/Contact Person and Project Engineer (if any)

Name: _____
Address: _____
Phone no(s): _____

Name: _____
Address: _____
Phone: _____

Attachments

- Legal Description of property
- Letter of intent
- Site plan-drawn to scale (14 Copies)
- Application fee
- Most Current Deed

CRITERIA

1. Not detrimental to public safety, health, or welfare; Waiver is based will not be injurious to reasonable use and development of other property
3. Conditions are unique to the property and not applicable, generally, to other property;
4. Strict adherence would result in hardship to owner
5. Will not contradict Zoning Ordinance or Comprehensive Plan

STAFF USE ONLY

- Affidavit of Notice to Interested Parties
- Notice of Public Hearing
- Affidavit of Publication of Legal Notice

Project Information

Township & Section: _____
Acreage or lot size: _____ Parcel #: _____
Address/location: _____
Current zoning: _____ Current Use _____
The subdivision requirement(s) for which waiver is sought: _____

The undersigned states the above information is true and correct as (s)he is informed and believes.

Signature of Property Owner(s): _____ Date: _____

Date: _____

State of Indiana)
County of Madison) SS:

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public _____ Printed Name _____
Residing in _____ County, IN My Commission expires: _____