

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:

File Number: _____

Date Application Filed: _____

Application for Zone Map Amendment (Section 905)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Telephone Number: _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____

Address: _____

Telephone Number: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: _____

Address: _____

Telephone Number: _____

Existing Zoning Classification of Property: _____

Proposed Zoning Classification of Property: _____

Address or Legal description of property:

Percentage of Property Owners Included: _____

Statement or reason for the request for a Zone Map Amendment:

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: _____

(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS _____ DAY OF
_____, 20____ AT _____.