Application for Zone Map Amendment
(Article 7)

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

APPLICANT INFORMATION  *ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD

Applicant’s Name: ____________________________________________

Address: ____________________________________________________

Telephone Number: __________________________ Email:_____________________

OWNER INFORMATION (if different from applicant information)

Owner’s Name: ____________________________________________

Address: __________________________________________________

Telephone Number: __________________________

REPRESENTATIVE INFORMATION (if different from applicant information)

Representative: ____________________________________________

Address: __________________________________________________

Telephone Number: __________________________ Email:_____________________

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)