

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

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: _____

RESPESENTATIVE 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)