



DEARBORN COUNTY PLAN COMMISSION

County Administration Building, Suite 300, 215B West High St., Lawrenceburg, IN 47025
Phone (812)537-8821 Fax (812)532-2029 Website: www.dearborncounty.org



PLAN COMMISSION APPLICATION

Note: Primary Plats are submitted to the Plan Commission via a Land Division Application

Applicant / Contractor Information

Name: Phone No:
Address: Street Address City State Zip Code

Owner Information (if different from above)

Name: Phone No:
Address: Street Address City State Zip Code

Site Information

Location: Section: Township (#): Range: Acreage:
Property Map # Zoning: Subdivision: Lot:

PLEASE NOTE: The Department of Planning & Zoning will need 17 copies of all site plan drawings, application forms, and other supporting information—as well as a list of all adjoining property owners.

PLAT VACATION Detail(s):

Date Received: Fee (\$150 + Hard Costs): Receipt #

All Vacation Plats must conform to IC 36-7-3 and Art. 2, Sec. 280 of the Dearborn County Subdivision Control Ordinance.

ZONE MAP AMENDMENT* Proposed Use(s):
(*Includes PUD Requests)

Date Received: Fee (\$500 + \$10/acre + Hard Costs): Receipt #
Have you had a pre-application meeting with the P.C. staff? Y N Legal Description Provided? Y N
Proposed Number of Lots: Existing Buildings to Remain? Y N
Proposed Density for Non-Residential Uses: Variance(s) Required? Y N
Proposed Density for Residential Uses: Conditional Use Required? Y N

All rezone requests must conform to Article 5 of the Dearborn County Zoning Ordinance. PUD applications must also meet the criteria and standards set forth in Article 16 of the Dearborn County Zoning Ordinance.

*Utilities / Services: Sewage: Water: Electric: Gas: Fire / EMS: Schools:
D.C. Transportation & Engineering / INDOT: Dearborn County Health Department Report:

*The Department of Planning & Zoning will determine whether letters from these entities will be required at the time of submittal.

As applicant, I understand that this application and site plan are being submitted in accordance with the Dearborn County Zoning & Subdivision Control Ordinances, and that I am responsible for the accuracy and completeness of this information. Further, I have read and understood the instructions associated with this application and understand that incomplete or inaccurate information may result in the delay or denial of this request.

X
Applicant's Signature Date

X
Planning Official's Signature Date

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◆ **ADJOINING PROPERTY OWNERS** *(To be completed by the applicant)*

All individuals who are making a request to the Plan Commission are required to compile a list of all property owners that adjoin the subject site. Adjoining property owners include any person who owns land that shares a property line with the subject site, or adjoins along the centerline of any roadway. The adjoining property owners can be indicated in the space below, or on a separate sheet.

Name:
Address:
Street Address City State Zip Code

Name:
Address:
Street Address City State Zip Code

Name:
Address:
Street Address City State Zip Code

Name:
Address:
Street Address City State Zip Code

Name:
Address:
Street Address City State Zip Code

Name:
Address:
Street Address City State Zip Code

To be completed by the Dearborn County Plan Commission Staff

- Receipt #: _____ Date: _____ Staff Initials: _____
- Is the Application Complete? Yes No
- Scheduled Date of Public Hearing: _____
- Board Action: APPROVED APPROVED WITH CONDITIONS DENIED
- Conditions Of Approval: _____

- Reasons for Denial: _____
