

## 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: [planning.dearborncounty.org](http://planning.dearborncounty.org)

### *Zoning Map Amendment Instructions*

#### ◆ ZONING MAP AMENDMENT APPLICATION

All individuals requesting a Zoning Map Amendment must complete an application form which will be used to determine the location of the request, type of request and person(s) who are making the request. It is important that the application is completed accurately, and in its entirety. In addition, the applicant is required to submit a legal description and a copy of the Assessor's Map which clearly illustrates the area that is proposed for the zone change. The applicant is responsible for all the information that is given. The appropriate fee must be paid in full at the time that the application is submitted.

#### ◆ REQUIRED INFORMATION

All Zoning Map Amendment requests must be submitted in their entirety, signed, and supplemented with any additional information found appropriate by the Plan Commission. All applications shall also be accompanied with all necessary fees, as established by the Plan Commission Fee Schedule. Please note that all Zone Map Amendment applications, as well as their accompanying Technical Review Committee applications, must be submitted in full to the Planning & Zoning Office no later than 2:00pm on the appropriate deadline date. *Applications that are received after this time will be moved to a future meeting agenda.*

#### ◆ CONCEPT DEVELOPMENT PLAN

The Plan Commission highly recommends that the applicant submit a Concept Development Plan in addition to a completed application. Although it is not required by the county ordinance, such a plan will assist the applicant in explaining their request, in addition to assisting the Plan Commission in understanding the current situation of the subject site. Please use the following list to assist you in creating a Concept Development Plan that contains all of the suggested information.

- General Site Characteristics including ownership, topography, soils, drainage, vegetation, and other physical characteristics.
- Transportation Patterns including public and private roads and internal and external circulation patterns.
- Land Use Characteristics including existing and proposed land uses, open spaces, impervious surfaces including streets, parking areas, structures and buildings (general description of size, area, intensities / densities, and height).
- Utilities and Infrastructure.
- Relationship of Proposed Zone Change with Comprehensive Plan and specifically how the proposed zone change would conflict, conform, compliment or otherwise affect the Comprehensive Plan as well as any special studies that are designed to further detail the Comprehensive Plan in a specific area.
- An 8½" by 11", or 8½' by 14" reduction of the plan so it can be copied on a standard photocopier.
- An area map showing the adjacent property owners and existing land uses within 500 feet of the subject site.
- The location, description and size (measured in acres) of land uses.

- If the site has unusual or unique natural features, demonstrate how the proposed changes will preserve and utilize the natural topography and geologic features, scenic vistas, trees and other vegetation, and prevent the disruption of natural drainage patterns.
- Approximate location and number of residential units (if any) in addition to the approximate square footage, density and height of the residential units.
- Approximate location and size (measured in square footage) of non-residential buildings.
- The location of public and private roads, rights-of-way, easements and parking.
- A calculation of approximate amount of open space both before and after construction. Indicate areas of expected open space and new landscaping. Include maintenance plans for these areas.
- A conceptual landscape plan that indicates the locations of landscape and buffering features.
- If the site is subject to flooding, specify the portions of the site that are affected.
- The general location of water, sanitary sewer, telephone, electrical and storm water lines. Capacity levels are recommended.
- A general description of the availability of community facilities such as schools, fire protection services and other types of facilities that would serve the development, if any, and how these facilities are affected by this proposal.
- Approximate location and size of storm water detention and/or retention areas.
- Information describing proposed signage, such as type, size, materials used, and location.
- Indicate the construction schedule of the project. For multi-phased projects, submit a phasing plan that describes the anticipated timing and geographical extent of each phase.
- The effects that the proposal will have on existing traffic patterns or volumes. If the proposal is for a large scale development, a detailed traffic study is recommended.
- Submit a sketch or drawing of the proposed buildings to demonstrate the visual appearance or a type or architecture.

◆ **WRITTEN COMMITMENTS**

A Concept Development Plan, once submitted, shall be strictly followed by the property owner and any another person such as the Applicant or an option holder on the property, and shall be binding as a minimum requirement of the Zone Map Amendment process. A written commitment, similarly to the one presented herein, must be submitted *in conjunction with* all Zone Map Amendment applications to the Plan Commission involving Concept Development Plans. Any application involving the submittal of a Concept Development Plan without a written commitment shall be reviewed from the prospective of the “worst case scenario,” based upon the requirements and permitted uses of the zoning being requested. **Please note the following: The Plan Commission may also require (additional) written commitments to be executed by the Applicants / Owners in conjunction with a favorable recommendation of a Zone Map Amendment.** If an application with a Concept Development Plan receives an unfavorable or no recommendation, the application that proceeds to the legislative unit shall still include the written commitments submitted by the Applicants / Owners prior to the Plan Commission’s review / findings.

◆ **ADJOINING PROPERTY OWNERS**

The applicant is responsible for compiling a list of ALL property owners that are adjacent to the subject property, so they can be notified of the request and meeting date. 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. Incomplete notification of adjoining property owners can result in delays, or **make any approval invalid.**

If you have any questions, please direct them to the Dearborn County Planning & Zoning Office. The responsibility for the accurate completion of the application is your own. Please do not expect the Planning and Zoning Office to complete the application, or draw a concept development plan for you. Special attention should be made to ensure that your site plan is complete, organized, accurate and neat, to prevent any delays in processing your application.

Information submitted shall be assumed to be complete and accurate. The applicant shall assume responsibility for errors, omissions, and/or inaccuracies resulting in an improper or incomplete application. All applicants should be prepared to answer questions concerning their application at the scheduled meeting.

◆ **CRITERIA FOR REVIEW BY THE PLAN COMMISSION**

When reviewing each specific request, members of the Plan Commission shall pay reasonable regard to the following:

- The Comprehensive Plan
- Current conditions and the character of current structures and uses in each district
- The most desirable use for which the land in each district is adapted
- The conservation of property values throughout the jurisdiction
- Responsible development and growth

◆ **SITE EVALUATION**

The property owner's signature on the application grants permission for staff to enter onto the premises to evaluate the site for the specific request. Without the signature of the property owner, this application will not be processed.



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## PLAN COMMISSION APPLICATION

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

### Applicant / Contractor Information

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

### Owner Information *(if different from above)*

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

### 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 #
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**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:	_____ lots	Existing Buildings to Remain?    Y    N
Proposed Density for Non-Residential Uses:	_____ units / acre	Variance(s) Required?    Y    N
Proposed Density for Residential Uses:	_____ sq. ft. / acre	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 Ordinance, and that I am responsible for the accuracy and completeness of this application and site plan. I understand that incomplete or inaccurate information may result in the delay or denial of this request. Furthermore, I understand that I may not, at any time or under any circumstance(s), have more than one (1) Zone Map Amendment application pending that involves any portion of the same property described herein.**

**X**  
\_\_\_\_\_  
*Applicant's Signature*                      *Date*

**X**  
\_\_\_\_\_  
*Planning Official's Signature*                      *Date*

**DEARBORN COUNTY ZONING MAP AMENDMENT APPLICATION**

◆ **SECTION B** *(To be completed by the applicant)*

The applicant is responsible for compiling a list of ALL property owners that are adjacent to the subject property, so they can be notified of the request and meeting date. Incomplete notification of adjoining property owners can result in delays, or make any approval invalid.

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

If you have any questions, please direct them to the Dearborn County Planning & Zoning Office. The responsibility for the accurate completion of the application and site plan is your own. Special attention should be made to ensure that your site plan is complete, organized, accurate and neat, to prevent any delays in processing your application.

Information submitted shall be assumed to be complete and accurate. The applicant shall assume responsibility for errors, omissions, and/or inaccuracies resulting in an improper or incomplete application. All applicants should be prepared to answer questions concerning their application at the scheduled meeting.

◆ SECTION C (To be completed by the Dearborn County Plan Commission Staff)

1. Date Received: \_\_\_\_\_

2. Review Fee: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_

3. Check All That Have Been Submitted.

- Application
- Fee
- Legal Description
- Assessor's Map
- Concept Development Plan
- List of Adjoining Property Owners

\_\_\_\_\_ Number of plan copies received [Thirteen (13) Copies of plan are required]

4. Is the Application Complete?  Yes  No

5. Scheduled Date of Public Hearing: \_\_\_\_\_

6. If the proposed zone change site is located within 2 miles of an incorporated area, please contact the appropriate community to inform them of the zone change request.

- CONTACTED
- HAVE NOT CONTACTED

7. Plan Commission Recommendation      Staff Reviewer's Signature \_\_\_\_\_

- FAVORABLE
- UNFAVORABLE

8. Additional Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. County Commissioner Action

- APPROVED
- APPROVED WITH CONDITIONS
- DENIED

Date of Commissioner Action: \_\_\_\_\_

Resolution # \_\_\_\_\_

# **DECLARATION OF COMMITMENT AND AGREEMENT**

Comes now \_\_\_\_\_, the Dearborn County Commissioners and the  
*Applicant*  
Dearborn County Plan Commission, and agree as follows:

WHEREAS, \_\_\_\_\_ is the owner of the following described real  
*Owner*  
estate attached and marked Exhibit(s) “ \_\_\_\_\_ ”:  
*A-Z*

AND WHEREAS, \_\_\_\_\_ has petitioned for an amendment to the  
*Applicant*  
zone map of Dearborn County on said real estate from \_\_\_\_\_ to \_\_\_\_\_-Development  
*Existing Zoning* *Proposed Zoning*  
Plan ( \_\_\_-DP);

THEREFORE, \_\_\_\_\_ agrees to and makes a written commitment  
*Applicant*  
as to the Concept Development Plan on said real estate only if it is developed in accordance with the  
petition as heard by the Dearborn County Plan Commission on \_\_\_\_\_.  
*Date*

**COMMITMENT**

\_\_\_\_\_ agrees to ensure the following will occur  
*Applicant*

in conjunction with this Zone Map Amendment request from \_\_\_\_\_ to  
*Existing Zoning*

\_\_\_\_\_ -Development Plan ( \_\_\_\_ -DP) for \_\_\_\_\_ acres of the  
*Proposed Zoning* *Number*

\_\_\_\_\_ property in Section \_\_\_\_\_, Township \_\_\_\_\_,  
*Owner*

Range \_\_\_\_\_, Map # (s) \_\_\_\_\_, Parcel(s)

\_\_\_\_\_ :  
*Property Parcel Map Number(s)*

- 1) There will be no more than \_\_\_\_\_ units created for the proposed  
*Number*
- subdivision, in accordance with the petition to be heard by the Dearborn County  
Plan Commission on \_\_\_\_\_.  
*Date*

ALL OF WHICH IS AGREED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

OWNERS / APPLICANTS:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Typed or printed name:

\_\_\_\_\_  
Typed or printed name:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Typed or printed name:

\_\_\_\_\_  
Typed or printed name:

NOTARY CERTIFICATE

STATE OF INDIANA, COUNTY OF DEARBORN, ss:

Before me the undersigned, a Notary Public, for said County and State, personally appeared \_\_\_\_\_, and acknowledged the execution of the foregoing certificate as his/her voluntary act the \_\_\_\_ day of \_\_\_\_\_, (year).

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
(Name Typed or Printed)

My Commission Expires: \_\_\_\_\_

Resident of \_\_\_\_\_ County, \_\_\_\_\_

*This Instrument was prepared by Arnold L. McGill, Attorney.*

ALL OF WHICH IS AGREED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

DEARBORN COUNTY  
PLAN COMMISSION:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Typed or printed name:

NOTARY CERTIFICATE

STATE OF INDIANA, COUNTY OF DEARBORN, ss:

Before me the undersigned, a Notary Public, for said County and State, personally appeared \_\_\_\_\_, and acknowledged the execution of the foregoing certificate as his/her voluntary act the \_\_\_\_ day of \_\_\_\_\_, (year).

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
(Name Typed or Printed)

My Commission Expires: \_\_\_\_\_

Resident of \_\_\_\_\_ County, \_\_\_\_\_

*This Instrument was prepared by Arnold L. McGill, Attorney.*

ALL OF WHICH IS AGREED this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

DEARBORN COUNTY  
BOARD OF COMMISSIONERS:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Typed or printed name:

NOTARY CERTIFICATE

STATE OF INDIANA, COUNTY OF DEARBORN, ss:

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(Name Typed or Printed)

My Commission Expires: \_\_\_\_\_

Resident of \_\_\_\_\_ County, \_\_\_\_\_

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