



MARSHALL COUNTY PLAN COMMISSION
 112 W. Jefferson St., Room 302
 Plymouth IN 46563
 (574) 935-8540 www.co.marshall.in.us

PETITION TO RE-ZONING

Case # _____
 Date Filed _____
 Filing Fee \$ 200.00

Applicant _____
 Address _____
 Address _____
 Phone # _____

Owner _____
 Address _____
 Address _____
 Phone # _____

Current Zoning: _____

Proposed Zoning: _____

Why The Amendment Is Necessary: _____

Deadline for turning in forms and corresponding paperwork is 30 days prior to the hearing date.

DATE OF HEARING: _____, _____ at 7:00 p.m. in the Marshall County Building, Room 203

FINDINGS OF FACT

1. Comprehensive Plan: The proposed use will be consistent with the character of the zoning district in which it is located and the Marshall County Comprehensive Plan.
Will the request for change in zoning change the Marshall County Comprehensive Plan?

REASON: _____

2. Current Conditions: The current conditions and the character of current structures and uses in each district follow the Marshall County Ordinance.
Will the conditions and buildings meet the Ordinance for proposed zoning?

REASON: _____

3. Ordinance Intent: Granting the amended zoning will not be contrary to the general purposes served by this Ordinance and will not permanently injure other property or uses in the same zoning district and vicinity.

Will this request contradict the Ordinance and other properties in the same zoning?

REASON: _____

4. Property Values: The conservation of property values throughout Marshall County will not be changed by this amended zoning.

Will this change effect other value of property in Marshall County?

REASON: _____

5. Responsible Growth: Development

Does this change promote responsible growth and development?

REASON: _____

I, _____ (owner of the property or representative for the owner), duly affirm that all the statements in the Variance of Use application are true. I further affirm I will be responsible for compliance with all ordinances and laws enforced by governing jurisdiction.

Date

Signature