



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

**REQUEST FOR SITE PLAN  
 APPROVAL**

Case # \_\_\_\_\_  
 Date Filed \_\_\_\_\_  
**Filing Fee \$ 50.00**

**A legal description of the property and drainage plan showing the existing and proposed improvements shall accompany this application.**

Applicant _____	Owner _____
Address _____	Address _____
Address _____	Address _____
Phone # _____	Phone # _____

Township: \_\_\_\_\_ Size: \_\_\_\_\_

Proposed Use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*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

*It is the responsibility of the applicant to attend this meeting to present his/her request.*

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