



MARSHALL COUNTY PLAN COMMISSION

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

REQUEST FOR VACATION

Case # _____

Date Filed _____

Filing Fee \$ 150.00

*** A LEGAL DESCRIPTION of the property and SITE PLAN showing the EXISTING and PROPOSED improvements shall accompany this application.***

Applicant _____

Owner _____

Address _____

Address _____

Address _____

Address _____

Phone # _____

Phone # _____

Area Requesting Vacation: _____

Reason for Request: _____

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

The applicant is required to attend the Plan Commission meeting and present his request.

FINDINGS OF FACT

1. **General Welfare:** the approval will not be injurious to the public health, safety, morals, and benefit the general welfare of the community.

Is it in the public interest to vacate the property you requested?

REASON: _____

2. **Adjacent Property:** The use and value of the area adjacent to the property included in the request will not be affected in a substantially adverse manner.

Will the change you are requesting change the value of property close to you?

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