



TODD NUNEMAKER
City Planner
tnunemaker@nappanee.org

REZONING REQUEST CITY OF NAPPANEE PLAN COMMISSION

DATE FILED: _____ ADDRESS: _____
OWNER: _____ TELEPHONE: _____
REPRESENTATIVE: _____ EMAIL: _____

SUBMIT THE FOLLOWING WITH THIS APPLICATION

CURRENT ZONING OF THE PROPERTY: _____

LEGAL DESCRIPTION OF THE PROPERTY:
(Attach FULL legal description of property which is available at the County Recorder's Office)

NATURE OF REZONING REQUESTED:
(Attach a letter describing the request for a rezoning while demonstrating the four points outlined below.)

STATEMENT DEMONSTRATING THE FOLLOWING:

1. THE STRICT APPLICATION OF THE TERMS OF THE ZONING ORDINANCE WILL CONSTITUTE AN UNNECESSARY HARDSHIP AS APPLIED TO THE PROPERTY FOR WHICH A REZONING IS SOUGHT.
2. THE NEED FOR THE REZONING ARISES FROM SUCH CONDITION PECULIAR TO THE PROPERTY INVOLVED & DOES NOT EXIST IN SIMILAR PROPERTY IN THE SAME ZONE.
3. THE USE OR VALUE OF THE AREA ADJACENT TO THE PROPERTY INCLUDED IN THE VARIANCE WILL NOT BE ADVERSELY AFFECTED.
4. THE REZONING WILL NOT BE INJURIOUS TO THE PUBLIC HEALTH, SAFTY, MORALS, AND GENERAL WELFARE OF THE COMMUNITY.

This application must also be submitted with an application fee of \$200.00 and a detailed Site Plan (to scale) with dimensions showing the size and location of all buildings on the property in relation to the property lines and Elevation drawing (to scale) when applicable. All expenses for the legal publication will be billed to the petitioner by the City of Nappanee.

Date of Hearing: 7:00 p.m. on 2nd Thursday of the month.

*This application will not be accepted after 12:00 p.m. on 2nd Friday of the month.



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Provide the Names and Addresses of property owners in the City of Nappanee that are adjacent to the subject property on the variance request. Includes properties adjacent and across from public streets, roads, alleys and other public right-of-ways.

Name of Petitioner: _____

Owner of Subject Property: _____

Address of Subject Property: _____

* Names of Owners of Adjacent Properties * Address

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

* This information can be obtained from the County Auditor's Office at 117 N. 2nd St., Goshen, Indiana