



CITY of MARION

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PLANNING DEPARTMENT

301 S. Branson Street, Marion, IN 46952

765-662-9931 • Fax: 765-651-4298

REZONE APPLICATION

Docket Number: _____

General Ordinance Number:

Plan Commission Public Hearing

Date/Time* _____

City Council Public Hearing

Dates/Times*

APPLICANT/REPRESENTATIVE INFORMATION

Name: _____

Address: _____

Telephone: _____ **Fax:** _____

**OWNER OF PROPERTY WHERE
REZONING IS BEING
REQUESTED**

Name: _____

Address: _____

Phone: _____ **Fax:** _____

Contact Person: _____

PROPERTY INFORMATION

Street Address:

Lot #

Subdivision

Zoning Change:

FROM: _____

TO: _____

**FULL STATEMENT OF REASON FOR THE PROPOSED ZONING
CHANGE:**

CERTIFICATION

I hereby certify that I have the authority to make the above application, that the information, to my knowledge and belief, is true and correct.

The information contained herein has been duly subscribed and sworn to me this ____ day of _____, 20____.

Notary Public

Printed Name

My Commission Expires: _____

Office Use Only:

Receipt for Filing Fee: \$_____ was received by _____ on this ____ day of _____, 20____. Receipt number _____

Staff Recommendation: *Favorable* *Unfavorable* *No Recommendation*

CITY OF MARION

PLAN COMMISSION

REZONE FINDINGS OF FACT

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY AND RETURN WITH YOUR COMPLETED APPLICATION:

[1] The zoning change complies with the Comprehensive Plan of the City of Marion because:

[2] The change is consistent and practical with current conditions and the character of current structures and uses because:

[3] The proposed zoning classification is the most desirable, best and highest use for which the land in each district is adapted because:

[4] The rezone conserves property values in the area because:

[5] The rezone request is in reasonable regard to responsible development and growth because:



PUBLIC REZONE PROCEDURE HANDOUT: _____ **- MA-** _____ **G.O. #** _____

IMPORTANT DATES:

- Application Filing Date- _____
 - Plan Commission Public Hearing- _____ (6pm- 4th Tuesday of the month)
 - City Council 1st Reading- _____ (7pm- 1st and 3rd Tuesdays of the month)
 - City Council 2nd Reading- _____ (7pm- 1st and 3rd Tuesdays of the month)
 - City Council 3rd Reading- _____ (7pm- 1st and 3rd Tuesdays of the month)
-

DATE: _____ 1) Original Application (filed **14** days prior to Plan Commission meeting) including:
 \$100.00 fee
 Legal description
 Proof of ownership/or owner's signature
 Reason for rezone- (see test below)

DATE: _____ 2) Noticing of public and affected property owners (**10** days prior to PC hearing):
 Mail notices by certified mail
 Post sign (return with photo and sign affidavit)
 Will be printed in Chronicle Tribune (applicant will be billed)

DATE: _____ 3) Staff will introduce case and applicant at Plan Commission public hearing where a recommendation will be made to the City Council by the members of the Commission

DATE: _____ 4) Staff will introduce case and applicant at City Council (1st Reading) where City Council may decide either of the following:
 Pass on to a 2nd reading
 Deny

DATE: _____ 5) Staff and applicant will present at City Council (2nd Reading) where City Council may decide either of the following:

- Suspend rules and pass 3rd reading and approve
- Pass on to a 3rd reading
- Deny

TEST FOR A REZONE: (Please be prepared to answer these questions at each public hearing)

1. The zoning change complies with the Comprehensive Plan of the City of Marion.
2. The change is consistent and practical with current conditions and the character of current structure and uses.
3. The proposed zoning classification is the most desirable, best and highest use for which the land in each district is adapted.
4. The rezone conserves property values in the area.
5. The rezone request is in reasonable regard to responsible development and growth.



DEPARTMENT REZONE PROCEDURE: _____ **- MA -** _____ **G.O. #** _____

IMPORTANT DATES:

-Application Filing Date- _____
 -City Council 1st Reading- _____
 -Plan Commission Public Hearing- _____
 -City Council 2nd Reading- _____
 -City Council 3rd Reading- _____

- Staff** Favorable
 Unfavorable
- P.C.** Favorable
 Unfavorable
- C.C.** Approved
 Denied

DATE: _____ 1) Original Application (filed 10 days prior to next City Council meeting) including:

- RECEIPT#: _____
- \$100.00 fee
 - Legal description
 - Proof of ownership/or owner's signature
 - Reason for rezone- (important)

2) Request General Ordinance # from Clerk

3) Prepare noticing:

- DATE: _____ 13 days prior to P.C.- send to Chronicle Tribune for printing (forward bill)
 Prepare list of Affecteds w/envelopes
- DATE: _____ 10 days prior to P.C. hearing- Send notice via Certified mail
 Post sign (photo and signed affidavit)

4) Assemble research and prepare General Staff Opinion & Detailed Staff Report

DATE: _____ 5) By NOON Thursday prior to City Council, send to Clerk:

- Original Ordinance and 15 copies of packet to be added to agenda
- General staff opinion and ask to be passed to P.C. for recommendation
- Map of current zoning vs. proposed zoning

- List of what is currently allowed vs. what proposal will allow
- Relevant information and research

DATE: _____ 6) (By Thursday prior to P.C.) Mail agenda, detailed staff report & relevant information to P.C. members and legal council

DATE: _____ 7) Plan Commission Public Hearing:
 Favorable Recommendation **OR** Unfavorable Recommendation
 Remind attendees that there will be a hearing at City Council on the topic

DATE: _____ 8) City Council 1st Reading

DATE: _____ 9) City Council 2nd Reading
 Passed to 3rd reading and approved at this meeting
 Continued to 3rd reading with need of more discussion or information
 Denied

DATE: _____ 9) City Council 3rd Reading
