



**City of New Albany, Indiana  
City Plan Commission  
Amendment (Zone Change)**

142 East Main Street, Suite 200  
New Albany, IN 47150  
812-948-5327

[www.cityofnewalbany.com](http://www.cityofnewalbany.com)

*Date Stamp*

Docket #: \_\_\_\_\_

Date Filed: \_\_\_\_\_

**AMENDMENT (ZONE CHANGE)**

**Application for Amendment to the Zoning Ordinance**

Fee: \$250 + \$10/signs [\$260]

Text Amendment ☐ Map Amendment ☐ Both ☐

Address of Property: \_\_\_\_\_

Parcel ID #: \_\_\_\_\_ (use additional sheet, if necessary)

Name of Applicant: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Property Owner(s): \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Owner's Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant ☐ owns ☐ leases ☐ options property for Amendment

Present zoning district of property: \_\_\_\_\_ Proposed zoning district: \_\_\_\_\_

If this is a map amendment, list as concisely as possible, your reasons why you think this property is not correctly zoned:

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If this is a text amendment, describe below including specific citations in the Zoning Ordinance, as applicable:

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What is the current use of the property? \_\_\_\_\_

What is the proposed use of the property? \_\_\_\_\_

**All fees are NON-REFUNDABLE**

Docket #: \_\_\_\_\_

Has any other zoning application been filed on this property previously? \_\_\_\_\_ If so, describe and give date: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Architect/Engineer: \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Signs Issued: ☐ yes ☐ no By: \_\_\_\_\_

By signing below, I acknowledge that the information provided by me is true and accurate to the best of my knowledge. In addition, by signing below, I hereby permit members of the New Albany Board of Zoning Appeals, as well as their staff, to enter onto the property for purposes of inspection. Finally, by signing below, I acknowledge receipt of two (2) public hearing signs that I agree to post and maintain **in conspicuous places** on the property for the Zone Change **15 days prior to the public hearing**.

\_\_\_\_\_  
Printed Name of **APPLICANT**

\_\_\_\_\_  
Signed Name of **APPLICANT**

\_\_\_\_\_  
Printed Name of **OWNER**

\_\_\_\_\_  
Signed Name of **OWNER** (if other than applicant)

\_\_\_\_\_  
**OFFICE USE ONLY**

Application taken by: \_\_\_\_\_

Staff comments:

\_\_\_\_\_  
Hearing Dates: Plan Commission \_\_\_\_\_

City Council \_\_\_\_\_