

DOCKET NO:_____

PETITION FOR APPROVAL

CITY OF LAWRENCE
MARION COUNTY, INDIANA

ADDRESS OF
PREMISED AFFECTED: _____ Tax Parcel ID # _____

NAME OF PETITIONER(S): _____ EMAIL: _____

PETITIONER(S) ADDRESS: _____
STREET ADDRESS CITY STATE ZIP
PHONE: _____ FAX _____

NAME OF AGENT: _____ EMAIL: _____

AGENT(S) ADDRESS: _____
STREET ADDRESS CITY STATE ZIP
PHONE: _____ FAX _____

NAME OF OWNER(S): _____ EMAIL: _____

OWNER(S) ADDRESS: _____
STREET ADDRESS CITY STATE ZIP
PHONE: _____ FAX _____

IS/ARE THE PETITIONER/PETITIONERS THE OWNER/OWNERS OF ONE HUNDRED PERCENT(100%) OF THE INVOLVED
IN THE PETITION: ☐ YES ☐ NO

LEGAL DESCRIPTION (CHECK ONE):

- ☐ COMPLETE METES & BOUNDS LEGAL DESCRIPTION ATTACHED.
- ☐ PLATTED SITE WITHIN A RECORDED SUBDIVISION. COPY OF PLAT MAP ATTACHED.
LOT NUMBER(S) _____ SECTION NUMBER(S) _____ IN _____ SUBDIVISION,
RECORDED IN PLAT BOOK _____, PAGE(S) _____ IN THE MARION COUNTY RECORDER’S OFFICE, OR
RECORDED AS INSTRUMENT NUMBER _____ IN THE MARION COUNTY RECORDER’S OFFICE.

IS THIS PROPERTY THE SUBJECT OF ANY CODE ENFORCEMENT ACTION? ☐ YES ☐ NO

WAS THIS PROPERTY THE SUBJECT OF ANY PREVIOUS PETITIONS? ☐ YES ☐ NO
IF YES, LIST THE DOCKET NUMBER(S) _____

CURRENT ZONING_____ TOWNSHIP_____ ACREAGE_____

NATURE OF EXISTING IMPROVEMENTS ON THE SUBJECT PREMISES: _____

THE TYPE OF APPROVAL REQUESTED (CHECK ALL THAT APPLY):

- ☐ MODIFICATION OF CONDITIONS
- ☐ SPECIAL DISTRICT (PK, HD, UQ)
- ☐ MODIFICATION OF COMMITMENTS
- ☐ WAIVER OF RE-FILING RULE
- ☐ MODIFICATION OF SITE PLAN
- ☐ APPROVAL OF SITE/DEVELOPMENT PLAN
- ☐ MODIFICATION OF DEVELOPMENT STATEMENT
- ☐ OTHER: _____

PROVIDE A DETAILED DESCRIPTION OF THE REQUEST INDICATED ABOVE. ATTACH ADDITIONAL PAGES, IF
NECESSARY. _____

THE ABOVE INFORMATION, TO MY KNOWLEDGE AND BELIEF, IS TRUE AND CORRECT.

PRINTED NAME

PRINTED NAME

SIGNATURE(S) OF PETITIONER(S) OR AGENT

SIGNATURE(S) OF OWNERS(S) *IF DIFFERENT THAN PETITIONER*

*STATE OF INDIANA,
COUNTY OF MARION, SS:*

*STATE OF INDIANA,
COUNTY OF MARION, SS:*

*SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20_____*

*SUBSCRIBED AND SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20_____*

PRINTED NAME OF NOTARY PUBLIC

PRINTED NAME OF NOTARY PUBLIC

MY COMMISSION EXPIRES _____

MY COMMISSION EXPIRES _____

COUNTY OF RESIDENCE _____

COUNTY OF RESIDENCE _____