

## PETITION FOR APPROVAL

CITY OF LAWRENCE  
MARION COUNTY, INDIANAADDRESS 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  NOWAS 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):

- |  |  |
|--|--|
| <input type="checkbox"/> MODIFICATION OF CONDITIONS            | <input type="checkbox"/> SPECIAL DISTRICT (PK, HD, UQ)     |
| <input type="checkbox"/> MODIFICATION OF COMMITMENTS           | <input type="checkbox"/> WAIVER OF RE-FILING RULE          |
| <input type="checkbox"/> MODIFICATION OF SITE PLAN             | <input type="checkbox"/> APPROVAL OF SITE/DEVELOPMENT PLAN |
| <input type="checkbox"/> MODIFICATION OF DEVELOPMENT STATEMENT | <input type="checkbox"/> 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

SUBSCRIBED AND SWORN TO BEFORE ME THIS

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_ 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 \_\_\_\_\_