TOWN OF THORNTOWN

101 W. Main St., Thorntown, IN 46071 Planning@thorntown.in.gov

REZONE/PUD APPLICATION

Application type*:	For office use only:	
☐ Rezone	App No:	
☐ Planned Unit Development (PUD)	Date received:	
☐ Ordinance/PUD Amendment	App fee:	
Modification to commitments	Fee paid by: ☐ Cash ☐ Check	
	Check #:	
*Required sections to fill out		
PROPERTY INFORMATION*		
Address/Location:		
Parcel(s)' ID(s):		
Current use:	Current zoning:	
Proposed use:	Proposed zoning:	
Project total size: Acres	Acres (include the area of all parcels)	
PROPERTY OWNER INFORMATION	*	
Name [,]		
Name [,]	*	
Name:	7in aada	
Name: Mailing address: City/Town:	Zin code:	
Name: Mailing address: City/Town: Email:	Zip code:	
Name: Mailing address: City/Town: Email:	Zip code: Phone #:	
Name: Mailing address: City/Town: Email: APPLICANT INFORMATION* Sa	Zip code: Phone #:	
Name: Mailing address: City/Town: Email: APPLICANT INFORMATION* Salance:	Zip code: Phone #:	
Name: Mailing address: City/Town: Email: APPLICANT INFORMATION* Salance: Company name:	Zip code: Phone #:	

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PRIMARY CONTACT INFORMATION	☐ Same as applicant	
Name:	Title:	
Company name:		
Mailing address:		
City/Town:	Zip code:	
Email:	Phone #:	
ATTORNEY INFORMATION		
Name:	Title:	
Company name:		
Mailing address:		
City/Town:	Zip code:	
Email:	Phone #:	
PROJECT DESCRIPTION*		
Proposed project name:		
Project description (Briefly describe the project: what would be built, how integrated into the surrounding area.)	w the property would be used, and how the projec	t would be

COMPLIANCE WITH THORNTOWN COMPREHENSIVE PLAN*

(Briefly describe how the proposed project follows the land use policies laid out in Thorntown Comprehensive Plan.)

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APPLICANT AFFIDAVIT

STATE OF Indiana	
COUNTY OF Marion	S.S.
The undersigned, having been duly sworn correct as they are informed and believe.	on oath, states that the information in the Application is true and
Ар	plicant printed name: Julie Smith
	Applicant signature: Juliu Smith
Subscribed and sworn to before me this _	20 day of <u>SEPTEMBER</u> , 20 <u>22</u> .
	Notary printed name: ANNIE LEWIS
	Notary signature:
Му	commission expires:
	ANNIE LEWIS Notary Public - Seal Marion County - State of Indiana Commission Number NP0734461 My Commission Expires Jun 23, 2029

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OWNER AFFIDAVIT

STATE OF Indiana COUNTY OF Hamilton	S.S.	
this application, particularly the owner	worn on oath, states that they are the Owner of the Property involved in ers of these parcels (county tax IDs) 06-13-34-000-001.001-014, that they hereby acknowledge and consent to the forgoing Application. Owner printed name**: Scott A. Schuler Owner signature**:	
Before me the undersigned, a Notary Public in and for said County and State, personally appeared the Property Owner, who having been duly sworn acknowledged and consents to the execution of the foregoing Application. Subscribed and sworn to before me this		
ANNIE LEWIS Notary Public - Seal Marion County - State of Indiana Commission Number NP0734461 My Commission Expires Jun 23, 2029	Notary printed name: Notary signature: My commission expires: JUNE 23, 2029	

** A signature from each party having interest in the property involved in this application is required. If the Property Owner's signature cannot be obtained on the application, then a notarized statement by each Property Owner acknowledging and consenting to the filing of this application is required with the application.

Created on: 09/15/2022

Page 4 of 4

Last revised on: 09/15/2022

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OWNER AFFIDAVIT

STATE OF Indiana	
COUNTY OF Boone Marion	S.S.
this application, particularly the owner	orn on oath, states that they are the Owner of the Property involved in s of these parcels (county tax IDs) 06-13-34-000-002.006-015,
06-13-34-000-002.005-015 and the	at they hereby acknowledge and consent to the forgoing Application.
06-13-34-000-002.004-015, 06-13-34-000-002.003-015	Owner printed name**: Thorntown Development LLC
	Owner signature **: Dean Jone & Member
Before me the undersigned, a Notary F	ublic in and for said County and State, personally appeared the
	sworn acknowledged and consents to the execution of the foregoing
	efore me this 22nd day of September, 20 22.
HAROLD I. MUNDY Notary Public, State of Indiana	Notary printed name:
Hendricks County Commission Number NP0734371 My Commission Expires June 21, 2029	Notary signature:
Julie 21, 2029	My commission expires:

** A signature from each party having interest in the property involved in this application is required. If the Property Owner's signature cannot be obtained on the application, then a notarized statement by each Property Owner acknowledging and consenting to the filing of this application is required with the application.