



**TOWN OF BARGERSVILLE**

P.O. Box 420 • Bargersville, Indiana 46106  
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**POWER & LIGHT • WATER WORKS • SANITATION DEPT. • STORM WATER**

**PETITION TO AMEND ZONING ORDINANCE**

**Plan Commission Docket Number:** \_\_\_\_\_ **Receipt Number for Filing Fee:** \_\_\_\_\_

Filing date received by the Plan Commission Office: \_\_\_\_\_

Scheduled date of public hearing: \_\_\_\_\_

PETITIONER(S): \_\_\_\_\_

ADDRESS OF THE PETITIONER: \_\_\_\_\_

PARCEL NUMBER: \_\_\_\_\_

PHONE NUMBER OF PETITIONER: \_\_\_\_\_

Land owner(s) name and address (if other than Petitioner): \_\_\_\_\_

Petition involves change in zoning ordinance From: \_\_\_\_\_

To: \_\_\_\_\_

Area to be rezoned is described as follows: \_\_\_\_\_

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

Detailed statement of reasons for change of zoning: \_\_\_\_\_

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

THE ABOVE INFORMATION AND ATTACHED EXHIBITS TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE CORRECT:

\_\_\_\_\_

STATE OF INDIANA )

) SS:

COUNTY OF JOHNSON )

Subscribed and sworn to be before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

Notary Public \_\_\_\_\_  
(Name Printed)

Resident of \_\_\_\_\_ County, IN

My Commission expires: \_\_\_\_\_