City of Columbus - Bartholomew County Planning Department Petition for Annexation into the City of Columbus, Indiana

Submit the petition by e-mail to <u>planning@columbus.in.gov</u>. If questions, please call: 812.376.2550. Submittal instructions available at <u>https://www.columbus.in.gov/planning/applications-forms/</u>.

To be Completed by the Planning D	epartment
Petition Received on (date):	by (initials):
Docket No.:	Current Zoning District:
Township:	
Total Annexation Area (including adjacent right-	of-way, etc.):

Annexation Reasons:

Explain the reason(s) for the proposed this annexation.

Annexation Area Parcel Number(s):

Please list below the numbers of all parcels proposed to be included in the annexation (Sample: 03-95-25-120-002.600-005).

Columbus Property Tax Rate Exemption: Indiana Code Section 36-4-3-4.1 allows the City to exempt from its additional tax rate after annexation any property that is assessed as agricultural land at the time of annexation for so long as it retains that agricultural assessment. Please check the box below following any parcel number for with this exemption is sought.

Copy of Deeds Attached

A legal description is required for all annexation requests; please attach a deed for every property to be included in the annexation area.

Representative / Notification Information (if applicable):

The surveyor, attorney, land developer, or other person authorized to act on behalf of the property owner(s) and to whom all correspondence regarding the petition should be directed (if none, please indicate "none" for the Representative Person's Name below).

Representative P	erson's Na	ame:				
Representative's	Company	Name: _				
Mailing Address:	(number)	(street)		(city)	(state)	(zip)
Phone No.:			E-mail Address:			

All correspondance will be by e-mail unless another method has been agreed upon by the Planning Department.

Representative's Signature / Acknowledgement (if applicable):

The information included in and with this petition is completely true and correct to the best of my knowledge and belief.

(Representative's Signature)	(Date)		
(Representative's Printed Name)			
Property Owner Information & Signature (Pr	roperty Owner #1 if Multir	ble Owners):	
The owner DOES NOT include a tenant or contract buyer.			
Please see Page 3 if additional property owners are requesti	ing annexation and duplicate that j	bage as necessary.	
Property Owner Name:			
Property Owner Contact Person Name (if applicable):			
Mailing Address:			
Mailing Address:	(city)	(state)	(zip)
Phone No.: E-mail Address:			
All correspondance will be by e-mail unless another n	nethod has been agreed upon	by the Planning Dep	artment.
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(Property Owner's Signature)	(Date)		
(Property Owner's Printed Name)			

Signer's Ownership Role or Representation:

If the person signing as the property owner is not specifically listed as such in the records of Bartholomew County, please indicate their relationship to that officially listed person, role in that corporation or entity, etc. below.

(Signer's Ownership Role or Representation)

Property Owner #____ Information & Signature:

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