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

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

To be Completed by the Plan	ning Department					
Petition Received on (date):	by (initials):	·				
Docket No.:	Current Zo	ning District:				
Township:						
Total Annexation Area (including adjacent right-of-way, etc.):						
Annexation Reasons:						
Explain the reason(s) for the proposed to	his annexation.					
Annexation Area Parcel Number	` '		2	200 000 005)		
Please list below the numbers of all parc	cels proposed to be inc	cluded in the annexation (S	Sample: 03-95-25-120-0	02.600-005).		
Columbus Property Tax Rate Exempt rate after annexation any property that is agricultural assessment. Please check to	s asses <u>se</u> d as agricultu	ural land at the time of ann	nexation for so long as it	retains that		
				_		
				- LJ		
				_ 🗆		
				_		
				<b>- U</b>		
Copy of Deeds Attached		- Harden and and family account in the	anticity to the facility dead for the co-			
A legal description is required for all ann	nexation requests; piease	attach a deed for every prop	erty to be included in the al	nnexation area.		
Representative / Notification Ir	nformation (if app	licable):				
The surveyor, attorney, land developer, or other				orrespondence		
regarding the petition should be directed (if n	one, please indicate "non	e" for the Representative Per	son's Name below).			
Representative Person's Name:						
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 (Property Owner #1 if Multiple Owners): The owner DOES NOT include a tenant or contract buyer. Please see Page 3 if additional property owners are requesting annexation and duplicate that page as necessary. Property Owner Name: Property Owner Contact Person Name (if applicable): 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. The information included in and with this petition is completely true and correct to the best of my knowledge and belief. I authorize the filing of this petition for the parcels in my ownership listed on page 1 and will allow the Planning Department staff to enter onto this property for the purpose of analyzing this request. (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 & Signatur	e:		
The owner DOES NOT include a tenant or contract buyer.			
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 m			
All correspondance will be by e-mail unless another in	letilod has been agreed upon	by the Flaming Dep	artinent.
The information included in and with this petition is comple authorize the filing of this petition for the parcels in my own to enter onto this property for the purpose of analyzing this	nership listed on page 1 and wil		
(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 relationship to that officially listed person, role in that corporation of		omew County, please ind	icate their
(Signer's Ownership Role or Representation)			
Property Owner # Information & Signatur	e.		
The owner DOES NOT include a tenant or contract buyer.	-		
Property Owner Name:			
Property Owner Contact Person Name (if applicable):			
Mailing Address:			
(number) (street)	(city)	(state)	(zip)
Phone No.: E-mail Address:			
All correspondance will be by e-mail unless another m	ethod has been agreed upon	by the Planning Dep	artment.
The information included in and with this petition is comple authorize the filing of this petition for the parcels in my own to enter onto this property for the purpose of analyzing this	nership listed on page 1 +and w		
(Property Owner's Signature)	(Date)		-
(Property Owner's Printed Name)			
Signaria Ownarchia Bala ar Banzacantation			
Signer's Ownership Role or Representation:	d as such in the records of Darthale	maw County places and	icate their
If the person signing as the property owner is not specifically listed relationship to that officially listed person, role in that corporation of		лнем Courtly, please Ind.	icale u ieli
(Signer's Ownership Role or Representation)			