

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

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

**To be Completed by the Planning Department**

Petition Received on (date): \_\_\_\_\_ by (initials): \_\_\_\_\_

Case Reference No.: \_\_\_\_\_ Current Zoning District: \_\_\_\_\_

Total Annexation Area (including adjacent right-of-way, etc.): \_\_\_\_\_ Township: \_\_\_\_\_

**To be Completed by the Petitioner**

**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 which this exemption is sought.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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 Information (if other than the petitioner):**

*Complete this section if a surveyor, attorney, or other person will act on behalf of the petitioner and all correspondence regarding the petition should be directed to them (if not, please indicate "none" for the Representative Person's Name below).*

Representative Person's Name: \_\_\_\_\_

Representative's Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

**Petitioner Information:**

*Please identify the property owner, land development company, or other entity seeking the annexation. Do NOT list here a surveyor, attorney, or other representative (see Representative Information section above).*

Petitioner Name: \_\_\_\_\_

Petitioner Type:  Individual(s)  Partnership  Corporation  LLC  Estate  Trust  Other

Petitioner Contact Person Name: \_\_\_\_\_

*Please include a contact person name if the petitioner is a land development company, institution, business, or other type of entity.*

Mailing Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

**Annexation Reason:**

Explain the reason(s) for the requested annexation.

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**Representative or Petitioner Signature / Acknowledgement:**

*If a representative has been designated on page 1, that representative must sign below. If no representative is designated, the petitioner, as indicated on page 1, must sign below. Acceptable signatures include traditional "wet" by hand signatures, electronically verified signatures, or digital signatures using a script font or signature stamp.*

The undersigned acknowledges that the information included in and with this petition is completely true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
(Representative or Petitioner Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Representative or Petitioner Printed Name)

\_\_\_\_\_  
(Title / Position, if Applicable)

**Property Owner Information & Signature(s):**

*Petitions submitted without all property owner(s) or their legally authorized representative(s) signatures will NOT be processed. Acceptable signatures include traditional "wet" by hand signatures, electronically verified signatures, or digital signatures using a script font or signature stamp. The property owner does NOT include a tenant or contract buyer.*

*The Planning Department is NOT responsible for verifying the authenticity of signatures, confirming the signer's authority, or for any misrepresentation by those signing.*

Those who have signed below acknowledge that the information included in and with this petition is completely true and correct to the best of his/her knowledge and belief. The undersigned authorize(s) the filing of this petition and allows the Planning Department staff to enter this property to analyze this request.

For Property Owned by an Individual or Individuals:

*If the property is titled/owned individually or jointly held by multiple individuals (such as a married couple, tenants-in-common, or jointly with rights of survivorship, for example), each living individual must sign below. Those signing below due to power of attorney for an owner must attach documentation of that power of attorney.*

\_\_\_\_\_  
(Property Owner #1 Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Property Owner #2 Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Property Owner #3 Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Property Owner #4 Signature) (Printed Name) (Date)

For Property Owned by a Partnership, Corporation, LLC, Estate, Trust, or other Entity:

*If the property is titled/owned by a trust, corporation, estate, institution, business, or other entity, an appropriate representative of that entity must sign below and indicate his/her title, position, role, or other legally authorized capacity in which they are signing on behalf of that entity.*

Description of Signer's Ownership Role or Representation: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

**City of Columbus - Bartholomew County Planning Department**  
**Petition for Annexation into the City of Columbus, Indiana**  
**Supplemental Property Owner Signature**

This petition supplement provides the required signature of a property owner who is unable, due to distance, technology limitations, or other factors, to include their signature on the primary petition form.

<p><b>To be Completed by the Planning Department</b></p> <p>This Supplement Received on (date): _____ by (initials): _____</p> <p>Case Reference No.: _____</p>
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**To be Completed by the Petitioner**

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Annexation Petitioner Name: \_\_\_\_\_

Annexation Area Parcel Number(s):

\_\_\_\_\_

\_\_\_\_\_

**Supplemental Property Owner Signature:**

*Acceptable signatures include traditional "wet" by hand signatures, electronically verified signatures, or digital signatures using a script font or signature stamp. The property owner does NOT include a tenant or contract buyer. Those signing below due to power of attorney for an owner must attach documentation of that power of attorney.*

*The Planning Department is NOT responsible for verifying the authenticity of signatures, confirming the signer's authority, or for any misrepresentation by those signing.*

The undersigned acknowledges that the information included in and with the petition referenced above is completely true and correct to the best of his/her knowledge and belief. The undersigned authorizes the filing of this petition and allows the Planning Department staff to enter this property to analyze this request.

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(Property Owner Signature)

(Printed Name)

(Date)