

**City of Columbus - Bartholomew County Planning Department**  
**Zoning Map Amendment (Rezoning) Application**

Submit applications and materials 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**

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

Jurisdiction:  Columbus  Bartholomew County  Joint District

Case Reference No.: \_\_\_\_\_

Property Owner Name(s) (from GIS): \_\_\_\_\_

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**To be Completed by the Applicant**

Current Zoning District: \_\_\_\_\_ Requested Zoning District: \_\_\_\_\_

**Rezoning Purpose:**

*Please describe the reason(s) for the proposed rezoning.*

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**Representative Information (if other than the applicant):**

*Complete this section if a surveyor, attorney, or other person will act on behalf of the applicant and all correspondence regarding the application 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.**

**Applicant Information:**

*Please identify the property owner, land development company, institution, business, or other entity seeking the rezoning and intending to use the property involved for their purposes if rezoned. Do NOT list here a surveyor, attorney, or other representative (see Representative Information section above).*

Applicant Name: \_\_\_\_\_

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

Applicant Contact Person Name: \_\_\_\_\_

*Please include a contact person name if the applicant 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.**

**Property / Location Information:**

Total Number of Parcels Included: \_\_\_\_\_

Total Rezoning Area Size: \_\_\_\_\_ acres or \_\_\_\_\_ square feet (if less than 1 acre)

Property Address (if an address has been assigned): \_\_\_\_\_  
(number) (street) (city)

or Parcel Number(s): \_\_\_\_\_

or General Location: \_\_\_\_\_  
(a street corner, subdivision lot number(s), etc.)

Copy of Deeds Attached

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

**Rezoning Criteria:**

Indiana law establishes the following criteria for local communities when considering a rezoning request. Explain how this request addresses each criterion. Please feel free to attach a separate page with further responses if necessary.

**1. The Comprehensive Plan.**

*For the City of Columbus Plan visit <https://www.columbus.in.gov/planning/comprehensive-plans/>.*

*For the Bartholomew County Plan visit <https://www.columbus.in.gov/planning/comprehensive-plans/comprehensive-county-plans/>.*

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

**2. The current conditions and the character of current structures and uses in each district (both the existing & proposed zoning districts).**

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

**3. The most desirable use for which the land in each district is adapted.**

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

**4. The conservation of property values throughout the jurisdiction.**

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

**5. Responsible growth and development.**

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

**Representative or Applicant Signature / Acknowledgement:**

*If a representative has been designated on page 1, that representative must sign below. If no representative is designated, the applicant, 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 application is completely true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
(Representative or Applicant Signature)

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

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

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

**Property Owner Signature(s):**

*Applications 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 application is completely true and correct to the best of his/her knowledge and belief. The undersigned authorizes the filing of this application and allows the Planning Department staff to enter this property to analyze this request. Further, the undersigned understand that a public notice sign may be placed and remain on the property until the processing of the request is complete.

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**  
**Zoning Map Amendment (Rezoning) Application**  
**Supplemental Property Owner Signature**

This application 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 application form.

**To be Completed by the Planning Department**

This Supplement Received on (date): \_\_\_\_\_ by (initials): \_\_\_\_\_

Case Reference No.: \_\_\_\_\_

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**To be Completed by the Applicant**

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Rezoning Applicant Name: \_\_\_\_\_

Current Zoning District: \_\_\_\_\_ Requested Zoning District: \_\_\_\_\_

**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 application referenced above is completely true and correct to the best of his/her knowledge and belief. The undersigned authorizes the filing of this application and allows the Planning Department staff to enter this property to analyze this request. Further, the undersigned understands that a public notice sign may be placed and remain on the property until the processing of the request is complete.

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(Property Owner Signature)

(Printed Name)

(Date)