



City of Celina Application for Zoning Change or Amendment



APPLICATION FEE: \$ _____

DATE FILED ____/____/____

MAP CHANGE

TEXT CHANGE

For your Application to be considered complete, the following must be attached:

- A survey and legal description of the property proposed to be re-zoned
- A vicinity map at a scale of not less than 1"=100' showing:
 - Property lines
 - Streets
 - Existing use of all buildings
 - Existing and proposed zoning
 - Principle use of all properties within 300 feet of the property proposed to be rezoned
 - Other _____ (as the Zoning Inspector may require)

1. Applicant's Name: _____

2. Applicant's Address: _____

3. Applicant's daytime phone number : () - _____

4. Name and address of the owner as shown in the public records of Mercer County: _____

5. Complete Property address or Mercer County Map #: _____

6. Between streets _____ and _____

7. Current Zoning Classification: _____

8. Is the proposed project affected by or within a Flood Plain per the City of Celina's FIRM map?

Yes

No

Note: Prior to permit issuance, additional forms are required to be completed if your property is within a designated Flood Zone or Design District.



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Prior to making a recommendation on a proposed re-zoning, the Planning Commission shall make a finding to determine if the following conditions exist. No re-zoning of land shall be approved prior to specific documentation finding at least one (1) of the following *Per Section 1157.06 A & B:*

- There has been a change in demand for land which alters the information upon which the Zoning Map is based.
- A study indicates that there has been an increase in the demand for land in the requested zoning district, and as a result, the supply of land available within the requested zoning district, is inadequate to meet the demands for such development.
- Proposed uses cannot be accommodated by sites already zoned in the City due to lack of transportation or utilities, or other development constraints, or the market to be served by the proposed use cannot be effectively served by the location of the existing zoning district.
- There is an error in the Zoning Map as enacted

In addition to the findings required to be made by subsections (A) and (B), findings shall be made by the Planning Commission on each of the following matters based on the evidence presented. *Per Section 1157.06C:*

- The extent to which the proposed amendment and proposed use are in compliance with and deviate from adopted plans, goals and policies
- The suitability of the property in question for the uses permitted under the proposed zoning
- The adequacy of public facilities such as transportation, utilities, and other required public services to serve the proposed use
- The effect of the proposed re-zoning on surrounding uses
- The effect of the proposed re-zoning on the economic viability of existing developed and vacant land within the City.

The Planning Commission shall not recommend the adoption of a proposed amendment unless it finds that the adoption of such an amendment is in the public interest and not solely in the interest of the applicant.



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9. Applicant is (check one): Owner Agent

10. APPLICATION CERTIFICATION: I, hereby, certify that I am the owner or the authorized agent of the owner(s) of the property described herein, that all answers to the questions in this application and all information contained in the material attached to and made part of this application, are accurate and true to the best of my knowledge and belief. I also attest by my signature that all required information for this application is completed and duly attached in the prescribed order. Furthermore, if the package is found to be lacking the documentation listed above, I understand that the application will be returned for correct information.

Signature of Applicant Date

11. OWNER AUTHORIZATION FORM: Authorization of owner(s) if "Agent" is checked on Item 15.

I hereby authorize _____ to represent myself/us on my/our behalf. In authorizing the agent, the owner(s) attest that the application is made in good faith and that any information by the owner(s) is accurate and complete.

Signature of Owner(s) Date

Departmental Review: _____

Approved **Denied**

Signature: Chairman, Planning Commission Date

Signature: President, Celina City Council Date