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| □ PLAN COMMISSION | CASE# |
| □ PLAT COMMITTEE | FILING DATE |
| ☐ BOARD OF ZONING APPEALS | FILING FEE \$ |
| □ HEARING OFFICER | HEARING DATE(s)// |
| □ COMMON COUNCIL | |
| □ STAFF LEVEL | HT ACCT# |
| | PLANNER: |
| ADDRESS OF PROPERTY | |
| Applicant's Name | |
| Address | |
| Owner's Name | |
| Address | |
| Counsel or Consultant | |
| Address | Email |
| Contact for payment for legal ad: | |
| Parcel Number(s): | |
| | |
| Plan Commission/Plat Committee Change of Zone Site Plan Review Planned Unit Development (Preliminary Plan) Planned Unit Development (Final Plan) Primary Plat Review Secondary Plat Review Description of Request: | BZA/Hearing Officer ☐ Appeal from Administrative Decision ☐ Conditional Use ☐ Variance |
| This application must be accompanied by all required submittals. Submittal of plans for review by City of Bloomington Utilities is verification of receipt of plans at time of filing. Applicants are not of filing an application. No applications will be accepted without hearing dates for petitions subject to complete submittals and period should not be mailed until hearing dates have been confirmed. I (we) agree that the applicant will notify all adjacent property owners I (we) further agree that the Planning Department will cause a legal no circulation in Bloomington at the applicant's expense. I (we) certify that all foregoing information is correct and that I (we | is required at or prior to time of application. Present CBU required to meet with a planner to review their request prior prior Staff consultation. Staff reserves the right to schedule previously filed cases. Notices to adjacent property owners at the applicant's expense. otice of this application to be published in a paper having general |

401 N. Morton Street · Bloomington, IN 47404

City Hall

Phone: (812) 349-3423 · Fax: (812) 349-3520

Date: _____Staff Initial: _____

Applicant Signature: