

PLAN COMMISSION APPLICATION

Department of Economic Development and Planning

210 N. Public Square, Angola, Indiana 46703 | 260.665.7465 | 260.665.9164 fax | planning@angolain.org

Name			
Location			
Application Type			
Description			
ONTACT INFORMATION			
	any Name (if applicable), Mailing ,	Address, Phone, and Email for each individu	ıal.
Applicant			
Property Owner			
Developer			
ERTIFICATION			
ccurate to the best of my knocility agencies; I understand nderstand my presence (or r	of the subject property; The infor owledge; I understand the applica I am responsible for the costs of a ny legal counsel's presence) is req	mation provided in this application is true a tion will be routed to applicable governmen Il legal notices associated with this applicat uired at the Plan Commission meeting cond by city personnel and equipment including	nt and ion; I cerning
cant Signature	Applicant Printed Name	Date	
olicant Signature	Applicant Printed Name	Date	



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AD	DITIONAL INFORMATION
Pro	vide any additional information about this project.
SU	BMITTAL REQUIREMENTS CHECKLIST
	th type of application has specific requirements listed in Title 18 Unified Development Ordinance, Division VII. ow is a generalized list of submittal requirements for Plan Commission applications.
	Completed Application
$\overline{\Box}$	Owners Affidavit – if application is not signed by owner
$\overline{\Box}$	Recorded Property Deed
$\overline{\Box}$	Plans in accordance with Division VII. Administration of Title 18 of Angola Municipal Code
\Box	Survey
$\overline{\Box}$	Building Elevations (Development Plan only)