

Wells County Area Plan Commission

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Requirements for a Rezoning

Filing and Meeting dates are available at the Area Plan Commission Office and the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

Copies of the Wells County Zoning Ordinance and Wells County Subdivision Control Ordinance are available for purchase at the Wells County Area Plan Commission Office or may be viewed and printed online at the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

1) FEES

- a. Filing Fee \$100.00 (payable to the Wells County Area Plan Commission)
- b. Public Advertisement Sign Fee \$10.00 (payable to the Wells County Area Plan Commission)
- c. Legal Advertisement \$85.00 (payable to the Bluffton News-Banner)

2) Filing

- a. Filled Out and Signed Petition
- b. Current Deed
- c. Status of any applicable permits from other regulatory agencies.
- d. Copy of the Notice of Agricultural Activity Form (if property is zoned A-1 or A-R)
- e. Findings of fact and ruling document provided by the petitioner's attorney at least 2 weeks prior to the meeting date.

3) APPEAL PERIOD: **30 days**

* All Fees Are Not Refundable

* As A Petitioner You Are Responsible For Reviewing The Wells County Zoning Ordinance And Subdivision Control Ordinance Requirements For Your Petition. The Area Plan Commission Office Staff Will Be Available To Answer Any Questions You May Have.

* A COMPLETE FILING DOES NOT GUARANTEE APPROVAL. (THE FILING MUST MEET THE APPLICABLE REQUIREMENTS OF THE WELLS COUNTY ZONING AND SUBDIVISION CONTROL ORDINANCE TO BE APPROVED.)

Wells County Area Plan Commission

Rezoning

Filing Form and Findings of Fact and Ruling Document

Filing Form

Owner's Name: _____
(Owner's Name as shown on the current deed of record)

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail: _____

Property to be Rezoned: _____

Current Zoning for Property: _____ Proposed Zoning for Property: _____

Findings of Fact and Ruling Document Prepared By: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail: _____

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

(This petition must be signed by 50% of the owners/sellers. If the power of attorney or the trustee is filing this petition then the proper paperwork shall be submitted proving their title to the Area Plan Commission)

**Required Items in the Findings of Fact and Ruling Document
For A Rezoning**

PREFACE:

“PETITION FOR REZONING APPROVAL: (Petition Number)”

“OWNER OF REAL ESTATE: (Owner’s Name)”

“LOCATED AT: (Site Address or Adjoining Street Names)”

“DESCRIPTION: (Brief Legal Description)”

“CURRENT ZONING CLASSIFICATION: (Zoning Type)”

“PROPOSED REZONING: (Brief Petition Description)”

“PRINT DATE: (Printing Date)”

Body:

Comes now the Wells County Area Plan Commission and in support of granting (Petitioner’s) Petition for Rezoning makes the following Findings of Fact, to wit:

(Petitioner) filed a Petition for a Rezoning as to the following described real estate located in (Township Name) Township, Wells County, Indiana; more particularly described on Exhibit A attached hereto.

Notice of the scheduled (public hearing date) public hearing on the Petition was duly published in accordance with I.C. 5-3-1 more than ten (10) days prior to the public hearing.

The sign as required by the Wells County Area Plan Commission has been duly posted in accordance with the Rules of Procedure of the Wells County Area Plan Commission more than fourteen days prior to the Wells County Area Plan Commission hearing.

On (public hearing date), the Wells County Area Plan Commission conducted a public hearing on the Petition in accordance with the Rules of Procedure of the Wells County Area Plan Commission and the following evidence was heard.

Each of the following ordinance sections shall have written answer to how the petition will meet the requirements of the Wells County Zoning and Floodplain Management Ordinance and Indiana Code. (9-13 (1); 9-13 (2); 9-13 (3); 9-13 (4); 9-13 (5))

Ruling:

Wherefore, based upon the above findings of fact and upon the Motion of _____, duly seconded by _____, the Petition for a Rezoning by _____ is hereby granted by a vote of _____ in favor and _____ opposed.

Granted this (day) day of (month), (year).

Signature line for Wells County Area Plan Commission President

Signature line for Wells County Area Plan Commission Secretary.

For More Information Please See an Example at <http://www.wellscounty.org/forms.htm> or at the Wells County Plan Commission Office.

NOTICE OF AGRICULTURAL ACTIVITY

TO: ALL PETITIONERS IN AGRICULTURAL ZONED AREAS OF **WELLS** COUNTY, INDIANA

This notice is given to you because of your petition to move into an area of **Wells** County that is zoned for Agriculture.

The purpose of this notice is to assure you are aware that all agricultural operations are allowed in this area.

Agricultural activity may include, but is not limited to, grazing of livestock, confined feeding of livestock, application of animal manure to land, application of herbicides and pesticides to fields and growing crops, creation of dust from field operations and noise from livestock and machinery operations which includes the drying and transportation of grain, sometimes with machinery that has a "Slow Moving Vehicle" emblem on it, meaning it is traveling at 25 mph or less.

People who choose to live in these areas must understand that agricultural operations may be occurring nearby.

You must also understand that Indiana has a "RIGHT TO FARM" law that protects farm operations from unwarranted nuisance suits by neighbors who move next to an existing farm operation. Farm operations do not constitute a nuisance so long as they are not negligently maintained, do not endanger human health and do not cause bodily injury to third parties.

By signing this notice form you verify that you have received it, read it and understand it. You are not giving up the right to seek redress for negligence by individuals associated with a farm operation or by other residents of the area.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

(This document must be signed by the 50% of the owner/seller and buyer when applicable)