



CITY OF NEW ALBANY, INDIANA  
DEPARTMENT OF COMMUNITY DEVELOPMENT  
NEW ALBANY CITY PLAN COMMISSION  
NEW ALBANY BOARD OF ZONING APPEALS  
CARL E. MALYSZ, DIRECTOR OF COMMUNITY DEVELOPMENT

Douglas B. England, Mayor

## APPLICATION REQUIREMENTS

In order for the staff of the New Albany City Plan Commission to expedite your request in a timely fashion, we ask that you follow these requirements:

1. The application and supporting materials must be submitted before the appropriate meeting deadline. **No exceptions.**
2. Once the application has been submitted with the required application processing fee, the staff will review the application at the next staff meeting (every Wednesday at 3:00 p.m.) to verify that all the required items in the checklist have been included. All items on the checklist provided must be submitted with the application or the request will not be assigned a Docket number. If items are missing, the applicant will be notified of the deficiency and the application will be held until the following month's meeting to allow the applicant time to submit those materials. If the applicant fails to submit the required items prior to the second deadline, a new application, including a new fee, will need to be submitted.
3. When the application is deemed complete by the staff, the request will be assigned a Docket number and will be placed on the appropriate agenda, and the applicant will be notified of that fact. At that time, the remaining application fee will be due, and the public hearing signs will be issued (as applicable).

Application Number \_\_\_\_\_

Docket Number \_\_\_\_\_



# REQUEST FOR SITE PLAN REVIEW

DOCKET NO: \_\_\_\_\_

DATE FILED: \_\_\_\_\_

Address of Site Plan Review: \_\_\_\_\_

Name of Applicant: **(PRINTED)** \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Previous Dockets: \_\_\_\_\_

Engineer/Architect: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner of Property: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**\*\*Note: Information below this line is for office use only.\*\***

Site plans submitted/due: \_\_\_\_\_

Request taken by: \_\_\_\_\_

Signature

Title

The Property is zoned: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Zoning Officer Signature

Meeting Date: \_\_\_\_\_

(Please check one of the following):      Approved: \_\_\_\_\_      Denied: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Plan Commission/Board of Zoning Appeals:  
Room 329, City-County Building  
New Albany, IN. 47150  
(812) 948-5333

Adjacent Property Owners

1. Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

2. Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

3. Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

4. Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

5. Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

6. Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

7. Owner's Name(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

If additional space is needed, please copy and attach separate page.