

REBUILD LETTER REQUEST

APPLICANT INFORMATION

DATE: _____

APPLICANT: _____ **ORG/BUSINESS:** _____

PHONE: _____ **EMAIL:** _____

ADDRESS: _____
Address City State Zip

PROPERTY INFORMATION

	1				
	Parcel ID	Address	City	Zip	Township
ADDRESS	2				
	Parcel ID	Address	City	Zip	Township
	3				
	Parcel ID	Address	City	Zip	Township

If you are requesting a rebuild letter for multiple adjacent properties owned by the same person/organization list each parcel. If more than 3 parcels attach a list of the remaining parcels. The properties must all have the same zoning, and same use. Each new zone or use requires a separate application.

CURRENT USE(S)

Current Zoning	_____			<i>To verify zoning, contact Area Plan Commission staff at 574-235-7800.</i>
Describe the current use(s) of the property.				
Property meets all development standard requirements of current ordinance.	Yes	No	<i>If "No" you must be able to check "Yes" to one or both of the following to receive a rebuild letter.</i>	
Has the property been granted a variance and/or special use/exception?	Yes	No	If "Yes" describe. _____	
Has a "Certificate of Legally Established Nonconforming Use" been issued for this property?	Yes	No	In progress	_____ Date Approved
				_____ Date Approved

IF NOT PAYING ONLINE: Mail or drop off application and \$50 fee to the address below. Make checks payable to "Area Plan Commission".

ATTN: Area Plan Commission
227 W. Jefferson
11th Floor County City Building
South Bend, IN 46601