



Board of Zoning Appeals Special Exception/Appeal Application

Town Hall, 106 Lebanon St., Lizton, IN 46149

For Office Use Only

Case #: _____

Hearing Date: _____

Fees: _____

Approved Denied

1. Applicant/Property Owner:

Applicant:

Name: _____

Street Address/PO Box: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Owner:

Name: _____

Street Address/PO Box: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

2. Applicant's Attorney/Contact Person and Project Engineer (if any):

Attorney/Contact Person:

Name: _____

Street Address/PO Box: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Project Engineer:

Name: _____

Street Address/PO Box: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

3. Board of Zoning Appeals Classification: (Please indicate the number of each action requested)

Special Exception: _____

Administrative Appeal: _____

4. Project Information:

Address of Property: _____

Name of Subdivision: _____

Existing Use of Property: _____ Current Zoning: _____

5. Applicable Ordinance Section Number(s): (Please indicate ALL applicable Zoning Ordinance Section Numbers for your Petition including Section, and Page Number)

6. Attachments:

- Affidavit & Consent of Property Owner (if applicable)
- Proof of Ownership (Copy of Deed)
- Site Plan (if applicable)
- Letter of Intent/Appeal
- Health Department Approval (if applicable)

- Waste Disposal Verification (if applicable)
- Copies of Original Submittals (for appeals only)
- Copies of Written Decisions (for appeals only)
- Application Fee
- Findings of Fact form

The undersigned states the above information is true and correct as is informed and believes.

Signature of Applicant: _____

Date: _____

State of Indiana)
County of Hendricks) SS:

Subscribed and sworn to before me this _____ day of _____, 20____.

_____/_____
Notary Public Printed

Residing in _____ County

My Commission expires _____

