



DEARBORN COUNTY PLAN COMMISSION

County Administration Building, Suite 300, 215B West High St., Lawrenceburg, IN 47025
Phone (812)537-8821 Fax (812)532-2029 Website: www.dearborncounty.org



BOARD OF ZONING APPEALS APPLICATION

Applicant / Contractor Information

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Owner Information (if different from above)

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Site Information

Location:	Section:	Township (#): ()	Range:	Acreage:
Property Map #	Zoning:	Subdivision:	Lot:	

PLEASE NOTE: The Department of Planning & Zoning will need 8 copies of all site plan drawings, application forms, and other supporting information—as well as a list of all adjoining property owners.

VARIANCE Detail(s): _____

Date Received:	Fee (\$300 + Hard Costs):	Receipt #
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CONDITIONAL USE Proposed Use(s): _____

Date Received:	Fee (\$400 + Hard Costs):	Receipt #
Proposed Square Footage of Building Space:	_____ sq. ft.	Zone Change Required? <input type="checkbox"/> Y <input type="checkbox"/> N
Proposed Hours of Operation:	Proposed Days of Operation:	
Will there be any outside storage associated with this request?	<input type="checkbox"/> Y <input type="checkbox"/> N	Expected Parking Needs: _____ spaces
*Utilities / Services:	Sewer: <input type="checkbox"/>	Water: <input type="checkbox"/>
	Electric: <input type="checkbox"/>	Gas: <input type="checkbox"/>
	Fire / EMS: <input type="checkbox"/>	Schools: <input type="checkbox"/>

*The Department of Planning & Zoning will determine whether letters from these entities will be required at the time of submittal.

APPEAL Detail(s): _____

Date Received:	Fee (\$300 + Hard Costs):	Receipt #
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As applicant, I understand that this application and site plan are being submitted in accordance with the Dearborn County Zoning & Subdivision Control Ordinances, and that I am responsible for the accuracy and completeness of this information. Further, I have read and understood the instructions associated with this application and understand that incomplete or inaccurate information may result in the delay or denial of this request.

X

Applicant's Signature *Date*

X

Planning Official's Signature *Date*

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◆ **ADJOINING PROPERTY OWNERS** (To be completed by the applicant)

All individuals who are making a request to the Plan Commission are required to compile a list of all property owners that adjoin the subject site. Adjoining property owners include any person who owns land that shares a property line with the subject site, or adjoins along the centerline of any roadway. The adjoining property owners can be indicated in the space below, or on a separate sheet.

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

To be completed by the Dearborn County Plan Commission Staff

- Receipt #: _____ Date: _____ Staff Initials: _____
- Is the Application Complete? Yes No
- Scheduled Date of Public Hearing: _____
- Board Action: APPROVED APPROVED WITH CONDITIONS DENIED
- Conditions Of Approval: _____

- Reasons for Denial: _____
