



**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](http://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?    Y    N
Proposed Hours of Operation:	Proposed Days of Operation:	
Will there be any outside storage associated with this request?	Y    N	Expected Parking Needs: _____ spaces
<b>*Utilities / Services:</b>	Sewer: _____	Water: _____
	Electric: _____	Gas: _____
	Fire / EMS: _____	Schools: _____

\*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:
<span style="margin-right: 150px;">Street Address</span> <span style="margin-right: 150px;">City</span> <span style="margin-right: 150px;">State</span> <span>Zip Code</span>

Name:
Address:
<span style="margin-right: 150px;">Street Address</span> <span style="margin-right: 150px;">City</span> <span style="margin-right: 150px;">State</span> <span>Zip Code</span>

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Address:
<span style="margin-right: 150px;">Street Address</span> <span style="margin-right: 150px;">City</span> <span style="margin-right: 150px;">State</span> <span>Zip Code</span>

***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: \_\_\_\_\_  
 \_\_\_\_\_