

# Floyd County Department of Building & Development Services

2524 Corydon Pike Suite 203 New Albany, IN 47150 Phone: (812) 981-7611 Fax: (812) 948-4744

Building@floydcounty.in.gov

# **Administrative Appeal Application**

### Please Note:

This Application is a document of public record. Any information disclosed on this application is available for review by the public. Incomplete applications will not be accepted. A pre-submission meeting with Building and Development Staff is strongly encouraged. Please contact the office at 812-981-7611 to schedule a meeting.

**Administrative Appeal:** the BZA shall review appeals from any order, requirement, decision, or determination made by: an administrative official, hearing officer, or staff member under the zoning ordinance. The BZA may reverse, affirm, or modify the order, requirement, decision, or determination that is being appealed. For this purpose, Indiana Code gives the board all the powers of the official, officer, board, or body from which the appeal is taken.

# 1. General Information:

Applicant:

Applican <sup>3</sup>	t Address:			
Applican <sup>a</sup>	t Phone:			
Applican <sup>a</sup>	t Email:			
Applicant'	s Interest in Property	:		
Owner	Option Holder	Purchase Agreement	Legal Representative	Other
Owner(s)	of Property: (comple	te this section if <i>owner</i> is diff	ferent than applicant)	
Owner Name:				
Owner A	ddress:			
Owner P	hone:			
Owner Email:				
Applicant'	s Representative:			
Represer	ntative Name:			
Represer	ntative Address			
Represer	ntative Phone:			
Representative Email:				

# 2. Site Information: Parcel ID Number: Total Acreage: Address of Property/Location: Current Use of Property: Current Zoning District: 3. Decision Information: Detail the decision being appealed: Date of Decision: (Note: Appeal must be filed within thirty (30) days of the date of the decision) 4. Reason/Basis of Appeal: Describe the reason(s) for the appeal noting specific section of the Zoning Ordinance, Indiana State Code, or other standards applicable to Floyd County upon which this appeal is based. If preferred by the applicant, a separate letter may be attached describing the reasons for the appeal:

# **5. Required Documents:**

\$150.00 Filing Fee

Deed for subject property

Affidavit of Ownership (if applicable)

Copies of materials submitted to staff members or administrative board upon which the decision being appealed was based.

Copies of any written decisions which are subject to appeal.

# 6. Signature: The undersigned states that the above information is true and correct. Name: Signature: Date: THIS\_\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_\_\_.

NOTARY PUBLIC COUNTY OF\_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_



# **AFFIDAVIT OF OWNERSHIP**

I (We),		, do herel	, do hereby certify that I am (we are)	
((	Owners of subject property)			
the owner(s) of the proj	perty legally described as	S	el ID Number)	
And hereby certify that	I (we) have given author	ization to(Applicant/Po		
			etitioner/Representative)	
To apply for the includ	ed application on this sub	oject property.		
Name of Owner(s):	Parcel I.D. No:	Signature:	Date:	
CT A TE OE	`			
STATEOF				
COUNTY OF	) SS:			
COUNTY OF	)			
Subscribed and sworn	to before me, a Notary P	ublic within and for said (	County and	
C((	C	20		
State, this day	y of	_ 20		
MY COMMISSION E	EXPIRES:			
		Notary Public		
		riotary r done		
MY COUNTY OF RE	ESIDENCE:			
		Printed Signature		