



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

Conditional Use 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.

Conditional Use: *A use permitted in a particular base zoning district when it is shown that such use in a specified location will comply with all the conditions and standards for the location or operation of the use as specified in the zoning ordinance and authorized by the approving authority.*

1. General Information:

Applicant:	
Applicant Address:	
Applicant Phone:	
Applicant Email:	

Applicant's Interest in Property:

Owner Option Holder Purchase Agreement Legal Representative Other

Owner(s) of Property: (complete this section if *owner* is different than applicant)

Owner Name:	
Owner Address:	
Owner Phone:	
Owner Email:	

Applicant's Representative:

Representative Name:	
Representative Address:	
Representative Phone:	
Representative Email:	

2. Site Information:

Parcel ID Number:	
Total Acreage:	
Address of Property/Location:	
Current Use of Property:	
Current Zoning District:	

3. Conditional Use Request:

Detail the conditional use request:

4. Conditional Use Justification:

The Floyd County Zoning Ordinance establishes specific criteria that each must be met in order for a conditional use to be approved. Describe how the conditional use requested meets each of the following criteria:

1. The conditional use will not be injurious to the public health, safety, morals, and general welfare of the community:

2. The use and value of area adjacent to the property will not be adversely affected:

3. The need for the Conditional Use does not result from conditions, unusual or peculiar to the subject property itself:

4. The strict application of the terms of the Floyd County Zoning Ordinance would result in an unnecessary hardship in the use of the property:

5. Approval of the Conditional Use will not contradict the goals and objectives of The Floyd County Comprehensive Plan:

5. Required Documents:

\$450.00 Filing Fee (\$1000.00 for Confined Feed Operation, Junk Yard, Sanitary Land Fill, or Sanitary Sewer Treatment Plant)

Deed for subject property

Affidavit of Ownership (if applicable)

Site plan drawn to scale, signed, and dated which clearly shows the entire layout of the property and all features relevant to the request.

Floor plan, including specific dimensions for any buildings on the property subject to the conditional use.

Cover letter summarizing the request.

For proposals using septic systems, a letter from the Floyd County Health Department shall be provided verifying that any proposed development makes appropriate use of the septic system.

For proposals using sanitary sewer systems, a letter from the service provider shall be included verifying that any proposed new development will be served.

6. Signature:

The undersigned states that the above information is true and correct.

Name: _____

Signature: _____

Date: _____

SUBSCRIBED AND SWORN BEFORE ME

THIS _____ DAY OF _____, 202____.

NOTARY PUBLIC COUNTY OF _____

MY COMMISSION EXPIRES _____



Floyd County Plan Commission
 Floyd County Board of Zoning Appeals

AFFIDAVIT OF OWNERSHIP

If the owner(s) of the subject property are giving authorization for someone else to apply for this request, this attached attachment is to be completed and submitted at the time of the application.

I (We), _____, do hereby certify that I am (we are)
 (Owners of subject property)

the owner(s) of the property legally described as _____,
 (Parcel ID Number)

And hereby certify that I (we) have given authorization to _____,
 (Applicant/Petitioner/Representative)

To apply for the included application on this subject property.

Name of Owner(s):	Parcel I.D. No:	Signature:	Date:
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STATE OF _____)
) SS:
 COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public within and for said County and State,

this _____ day of _____, 202__.

MY COMMISSION EXPIRES:

 Notary Public

MY COUNTY OF RESIDENCE:

 Printed Signature