



OWEN COUNTY BOARD OF ZONING APPEALS

**86 E. Market St.
Spencer, Indiana 47460
(812) 829-5033**

INSTRUCTIONS

It is strongly advised that any person seeking a conditional use of their property first contact the Building Department who will explain the review process and potential issues.

Fill out the Conditional Use Application in its entirety. Information regarding the property can be verified in the Auditor's office. After preparation of the application return the application to the Building Department at least 30 days prior to the next regularly scheduled meeting of the Board of Zoning Appeals.

Conditional Use # _____

OWEN COUNTY BOARD OF ZONING APPEALS CONDITIONAL USE APPLICATION

This application must be submitted with the required application fee. All fees are non-refundable regardless of the outcome of the request.

Has this use been initiated on the property? ☐ YES ☐ NO

APPLICANTS

Name:

Address:

City:

State:

Zip Code:

Telephone #:

FAX #:

Email:

OWNERS AS SHOWN ON COUNTY TAX RECORDS

Name:

Address:

City:

State:

Zip Code:

Telephone #:

FAX #:

Email:

PROPERTY INFORMATION

Property Address:

Parcel#

Lot Size/Acreage:

Zoning Classification:

Is this property located in a subdivision? ☐ YES ☐ NO

Current Use of Premises:

Conditional Use Requested (must comply with the conditional uses listed in section 155.028 of the Owen County Zoning and Subdivision Control Ordinance):

I swear or affirm under the penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief.

Applicant Signature

Date

I authorize this application and authorize the Plan Commission, its staff, and such other persons as the staff may deem appropriate to enter upon the property involved in this request for the purpose of analyzing this request.

Owner Signature

Date

Owner Signature

Date

*The following documentation is to be supplied at the time of submission of the variance application:

- ☐ 2 copies of an area map
- ☐ 2 copies of the Site Plan (must include any property improvements, septic placement, drainage and erosion control facilities and features, parcel dimension, right-of-ways, ingress and egress, zoning and use of adjacent properties, set backs, and any other intended uses)
- ☐ The locations of related public and utility facilities
- ☐ List of adjacent landowners and mailing addresses within 660 ft of parcel boundaries
- ☐ Authorization of Owner, if not fee simple owner
- ☐ Copy of Restrictive Covenants if property is in subdivision
- ☐ Application Fee (Non-refundable)

OFFICE USE ONLY

Health Board Approval? ☐ YES ☐ NO

Recommendations or Requirements:

Initial on-site inspection complete? ☐ YES ☐ NO By whom: _____

Recommendations or Requirements:

NOTARIZED AUTHORIZATION OF OWNER

I/We _____, as the sole or joint fee simple title
(owner's name)

holder(s) of the property described as _____
(Legal Description or Parcel Number)

Authorize _____ to act as my agent to see a
(Applicant's Name)

Conditional Use on the above referenced property.

My application will be heard at a public hearing on the _____ day of _____, 20____ at ____: ____ a.m./p.m. before the Board of Zoning Appeals unless continued or rescheduled.

Owners Signature

Owners Signature

STATE OF _____)
COUNTY OF _____) SS:

Before me, a Notary Public in and for said County and State, personally appeared the within named _____ and acknowledged the execution of the foregoing, for the uses and purposes therein contained.

WITNESS my hand and Notarial Seal this _____ day of _____, 2006.

_____, Notary Public
Resident of _____ County, Indiana

My Commission Expires: _____