



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

Special Exception (Variance of Use)

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.

Special Exception: A variance of use from a base zoning district's permitted or conditional uses.

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:	
Address of Property/Location:	
Current Use of Property:	
Current Zoning District:	

3. Special Exception Request:

Detail the special exception request:

4. Special Exception Justification:

Indiana Code and the Floyd County Zoning Ordinance establishes specific criteria that each must be met in order for a Special Exception (Use Variance) to be approved. Describe how the request meets each of the following criteria:

1. The special exception 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 in a substantially adverse manner:

3. The need for the special exception (variance of use) arises from some condition peculiar to the property involved:

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 Special Exception will not contradict the goals and objectives of the Floyd County Comprehensive Plan:

5. Required Documents:

- \$500.00 Filing Fee
- 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:

Name of Owner(s):	Parcel I.D. No:	Signature:	Date:

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