



Floyd County
Department of Building & Development Services
2524 Corydon Pike Suite 202
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:	
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. 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:

- \$100.00 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: _____

SUBSCRIBED AND SWORN BEFORE ME

THIS ___ DAY OF _____, 20__.

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:

STATE OF _____)
) SS:
 COUNTY OF _____)

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

State, this _____ day of _____ 20__.

MY COMMISSION EXPIRES:

 Notary Public

MY COUNTY OF RESIDENCE:

 Printed Signature