

# 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

### **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:

Applican <sup>a</sup>	t:			
Applican <sup>a</sup>	t Address:			
Applican	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 N	ame:			
Owner N Owner A				
	ddress:			
Owner A	ddress: none:			
Owner A	ddress: none:			
Owner A Owner P Owner E	ddress: none:			
Owner A Owner P Owner E	ddress: none: mail:			
Owner A Owner P Owner E	ddress: none: mail:			
Owner A Owner E Owner E Applicant'	ddress: none: mail: s Representative:			
Owner A Owner P Owner E  Applicant'  Represer Represer	ddress: none: mail: s Representative: ntative Name:			

,	VITA	INTO	mation
∠.	JILE	ши	rmation:

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:	
4. Conditional OSC Justinication.	
· · · · · · · · · · · · · · · · · · ·	ance establishes specific criteria that each must be met in order for a Describe how the conditional use requested meets each of the following
<b>1.</b> The conditional use will not be a community:	injurious to the public health, safety, morals, and general welfare of the
<b>2.</b> The use and value of area adjac	cent to the property will not be adversely affected:
<b>3.</b> The need for the Conditional Usproperty itself:	se does not result from conditions, unusual or peculiar to the subject

<b>4.</b> The strict application of the terms of the Floyd County Zoning Ordinance would result in an unnecessary hardship in the use of the property:
<b>5.</b> Approval of the Conditional Use will not contradict the goals and objectives of The Floyd County Comprehensive Plan:
5. Required Documents:
\$300.00 Filing Fee (\$750.00 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,20
NOTARY PUBLIC COUNTY OF



## **AFFIDAVIT OF OWNERSHIP**

I (We),		, do herel	by certify that I am (we are)
(0	Owners of subject property)	,	by certify that I am (we are)
the owner(s) of the pro-	perty legally described as	S	eel ID Number)
And hereby certify that	t I (we) have given author	rization to	
			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 sworr	n to before me, a Notary P	ublic within and for said	County and
	C	20	
State, this da	y of	_ 20	
MY COMMISSION E	EXPIRES:		
		Notary Public	
		rotary r done	
MY COUNTY OF RE	ESIDENCE:		