

**DELAWARE-MUNCIE METROPOLITAN BOARD OF ZONING APPEALS**

**APPLICATION FOR APPEAL**

Jurisdiction: (Check One)

Submitted: \_\_\_\_\_

Delaware County

Case No.: \_\_\_\_\_

City of Muncie

(1) Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(2) Applicant's Status: (Check the appropriate response)

(a) The applicant's name is on the deed to the property.

(b) The applicant is the contract owner of the property.

(c) Other: \_\_\_\_\_

(3) If Item (2)(c) is checked, please complete the following:

Owner of the property involved: \_\_\_\_\_

Owner's address: \_\_\_\_\_

(4) Record of Ownership:

Deed Book No.: \_\_\_\_\_

Page: \_\_\_\_\_

Purchase Date: \_\_\_\_\_

Legal Description: (From the Deed or Abstract)

(5) Common Address of the Property Involved: (Give full street address. If no address, give geographic location such as s. side of CR 400S, 500' west of SR 3).

(6) Type of Appeal: (Check the appropriate response)

(a) Request for an Appeal from the Decision of the Administrative Zoning Officer according to Article XXXII, Section 5-B-1. (Attach a copy of said decision/ruling).

(b) Request for a Special Use according to Article XXXII, Section 5-B-2.

(c) Request for a Variance according to Article XXXII, Section 5-B-3.

(7) State explanation of requested Appeal: (State what you want to do and cite the Article and Section of the Ordinance which applies and/or creates the need for this Appeal.)

*FOR OFFICE USE ONLY*

(8) State reasons supporting the Appeal: (If filing for a variance, refer to the attached sheet entitled "Hardship Variance" for explanation/guidance.)

(9) Present Zoning of the property: (Give exact classification)

(10) Present use of the property:

(11) Describe the proposed use of the property:

(12) Is the property:

Owner Occupied

Renter Occupied

Other: \_\_\_\_\_

- (13) Has the Applicant provided stamped, addressed envelopes to send notices of this Appeal to all property owners within 300 feet?\_\_\_\_\_
- Has the Applicant discussed this Appeal with these owners personally?\_\_\_\_\_
- If answer is "YES", give their attitudes toward the proposal.

- (14) Are there any restrictions, laws, covenants, governing the property which would prohibit its use for the purpose specified in this application? If answer is "YES", attach a copy.

- (15) Has work for which this application is being filed already started? If answer is "YES", give details.

- (16) Has there been any previous appeal filed in connection with this property? If answer is "YES", give the date and the decision of the appeal.

- (17) If the Appeal is granted, when will work commence?

When will it be completed?

- (18) If the Appeal is granted, who will operate and/or use the proposed improvement for which this application has been filed?

# AFFIDAVIT

(I or We) \_\_\_\_\_  
TYPE NAME(S) OF SIGNATORIES

being duly sworn depose and say that (I or We) (am or are) the (owner[s]) (contract owner[s]) of property involved in this application and that the foregoing signatures, statements and answers herein contained and the information herewith submitted are in all respects true and correct to the best of (my or our) knowledge and belief.

SIGNATURES:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_/

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expires

Resident of \_\_\_\_\_ County

State of \_\_\_\_\_.

## **DO NOT WRITE IN THIS SPACE**

The foregoing application has been inspected by me and was filed with the office of the Delaware-Muncie Metropolitan Board of Zoning Appeals in accordance with all the formal requirements and procedures.

If properly advertised by the applicant, the application will be heard in public hearing on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed:

Date: