

Request for Appeal Daviness County Board of Zoning Appeals

Date: _____

Docket No. _____

Notice – This application must be typewritten, accompanied by the information specified, and filed at least twenty-one (21) days prior to the date of the public hearing.

Applicant Information

(If Applicant is not the Property Owner, an Affidavit & Consent of Property Owner (Form BZA 3) must accompany this application.)

Applicant: _____ Contact Person _____

Address: _____

Phone Number: _____ Fax _____ Email _____

Property Owner Information

Check here, if same as applicant.

Owner: _____ Phone Number _____

Address: _____

Property Location

Address: _____

Tax Parcel ID No. _____

Property Description from Record Source (Deed Book, Page No./Instrument No.) _____
(Attach copy)

Total Acres _____ Current Zoning _____ Existing Use _____

I am requesting an appeal of the Daviess County Advisory Plan Commission’s recommendation made on _____ to _____

for the following reasons: _____

(Attach any relevant information including research, photos, plans, etc...to support your application.)

The above information, to my knowledge and belief, is true and correct.

Signature of Applicant: _____

State of _____, County of _____, ss:

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public

My Commission expires _____, 20____

A FEE OF \$50.00 TO BE PAID TO “DAVIESS COUNTY, INDIANA” MUST ACCOMPANY THIS APPLICATION.