



CITY OF NEW ALBANY, INDIANA
DEPARTMENT OF COMMUNITY DEVELOPMENT
NEW ALBANY CITY PLAN COMMISSION
NEW ALBANY BOARD OF ZONING APPEALS
SCOTT WOOD, DIRECTOR

Jeff M. Gahan, Mayor

CONDITIONAL USE APPLICATION REQUIREMENTS

Fee: \$150.00 +\$10.00 (sign)

In order for the staff of the New Albany City Plan Commission to expedite your request in a timely fashion, we ask that you follow these requirements:

1. The application and supporting materials must be submitted before the appropriate meeting deadline. **No exceptions.**
2. Once the application has been submitted with the required application processing fee, the staff will review the application at the next staff meeting (every Wednesday at 3:00 p.m.) to verify that all the required items in the checklist have been included. All items on the checklist provided must be submitted with the application or the request will not be assigned a Docket number. If items are missing, the applicant will be notified of the deficiency and the application will be held until the following month's meeting to allow the applicant time to submit those materials. If the applicant fails to submit the required items prior to the second deadline, a new application, including a new fee, will need to be submitted.
3. When the application is deemed complete by the staff, the request will be assigned a Docket number and will be placed on the appropriate agenda, and the applicant will be notified of that fact. At that time, the remaining application fee will be due, and the public hearing signs will be issued (as applicable).

**All Fees Are
NON- REFUNDABLE**

Application Number _____

Docket Number _____

CONDITIONAL USE

City of New Albany, Indiana
Board of Zoning Appeals
Suite 329, City-County Building, 311 Hauss Square
New Albany, Indiana 47150-3586
Phone: (812) 948-5333 – Fax: (812) 948-5335

Application for CONDITIONAL USE as per the Requirements of the Zoning Ordinance

Docket Number: _____
(Assigned by Staff)

Date Filed: _____

1. Address of Property for Conditional Use: _____

2. Name of Applicant: _____

Applicant's Address: _____

Applicant's Daytime Phone: _____ Fax: _____

3. Owner of Property for Conditional Use: _____

Owner's Address: _____

Owner's Daytime Phone: _____ Fax: _____

4. Applicant: OWNS LEASES OPTIONS the property for the Conditional Use

5. The Property is zoned: _____

6. Size of the Property for the Conditional Use: _____

7. I hereby make application for a Conditional Use to permit: _____

8. What is the current use of the property? _____

9. What is the proposed use of the property? _____

10. What specific conditions or special circumstances of this property warrant this Conditional Use?

11. Has any other zoning application been previously filed on this property? Yes No

12. If YES, give Docket number, give date, and describe: _____

Conditional Use Application (Page 2)

13. Additional Information: _____

14. Plans prepared by: _____
Address: _____
Phone: _____ Fax: _____

By signing below, I acknowledge that the information provided by me is true and accurate to the best of my knowledge. In addition, by signing below, I hereby permit members of the New Albany Board of Zoning Appeals and the staff of the Board of Zoning Appeals to enter onto the property for inspection. In continuance, I hereby state that I have provided a complete and accurate list of all adjacent property owners and their mailing addresses, (Exhibit 1, attached), as recorded in the New Albany Township Assessors Plats. **Finally, by signing below, I acknowledge receipt of two public hearing signs that I agree to post and maintain in conspicuous places on the property for the Variance 15 (fifteen) days prior to the public hearing date.**

Printed Name of APPLICANT or APPROVED AGENT

Signed Name of APPLICANT or APPROVED AGENT

Printed Name of OWNER

Signed Name of OWNER (if other than applicant)

Office Use Only — Do Not Write Below This Line

Zoning Code Section: _____ Sub-section: _____ Paragraph: _____

Other: _____

Hearing Date: _____ Census Tract: _____ Block Group: _____

Has applicant submitted the proper site plan: YES NO

Signs issued by: _____

Application taken by: _____ Date: _____

This request was: Withdrawn Approved Approved with Conditions Denied

NOTES:

Improvement Location Permit Issued No.: _____

Adjacent Property Owners

1. Owner's Name(s) _____
Mailing Address _____

2. Owner's Name(s) _____
Mailing Address _____

3. Owner's Name(s) _____
Mailing Address _____

4. Owner's Name(s) _____
Mailing Address _____

5. Owner's Name(s) _____
Mailing Address _____

6. Owner's Name(s) _____
Mailing Address _____

7. Owner's Name(s) _____
Mailing Address _____

8. Owner's Name(s) _____
Mailing Address _____

If additional space is needed, please copy and attach separate page.