



City of New Albany, Indiana
City Plan Commission
Special Exception & Variance

142 East Main Street, Suite 200
New Albany, IN 47150
812-948-5327

www.cityofnewalbany.com

Date Stamp

Docket #: _____

Date Filed: _____

SPECIAL EXCEPTION & VARIANCE

Fee: \$300 + \$10 sign fee [\$310]

SECTION ONE:

1.0 Address of Property: _____

1.1 Plat Number: _____ On Lot(s) Number: _____

1.2 Parcel Number: - - - - . -

SECTION TWO:

2.0 Name of Applicant: _____

2.1 Applicant's Address: _____
Street City State Zip

2.2 Applicant's Phone #: _____

2.3 Applicant: ☐ OWNS ☐ LEASES ☐ OPTIONS the property for the variance

SECTION THREE [Complete if the applicant does not own the property]:

3.0 Owner of Property: _____

3.1 Owner's Address: _____
Street City State Zip

3.2 Owner's Phone #: _____

SECTION FOUR:

4.0 The Property is Zoned: _____

4.1 Size of the Property (in acres): _____

4.2 Lot Frontage Dimension (in feet): _____ Lot Depth Dimension (in feet): _____

SECTION FIVE:

5.0 What is the current use of the property?

All fees are NON-REFUNDABLE

5.1 I hereby make application for a special exception & variance to permit:

5.2 What is the proposed use of the property?

5.3 How does the proposed special exception & variance meet the following criteria?

(5.3.1) The avoidance of congestion and provision for traffic and other transportation.

(5.3.2) The insurance from and provision for safety from any hazards associated with the proposal.

(5.3.3) The avoidance of adverse effects to neighboring properties.

5.4 [**Development Standards** Variance]

How does the proposed variance meet the following criteria?

(5.4.1) The approval will not be injurious to the public health, safety, morals, and general welfare of the community.

(5.4.2) The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner.

(5.4.3) The strict application of the terms of the zoning ordinance will result in practical difficulties in the use of the property.

Docket #: _____

5.5 Has any other zoning application been previously filed on this property? ☐ YES ☐ NO

5.6 If YES, give Docket number, date, and describe:

5.7 Additional information:

SECTION SIX:

6.0 Plans prepared by: _____

6.1 Address: _____
Street City State Zip

6.2 Phone: _____

6.3 Acknowledgment:

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, as well as their staff, to enter onto the property for purposes of inspection. Finally, by signing below, I acknowledge receipt of two (2) public hearing signs that I agree to post and maintain **in conspicuous places** on the property for the Special Exception & Variance **15 days prior to the public hearing**.

Printed name of **APPLICANT**

Signed name of **APPLICANT**

Printed name of **OWNER**

Signed name of **OWNER**

OFFICE USE ONLY

Board of Zoning Appeals Public Hearing Date: _____

Public Hearing Signs Issued by: _____

Application Certified Complete by: _____ **Date:** _____

The Board: ☐ Approved ☐ Approved with Conditions ☐ Denied ☐ Accepted ☐ Withdrawal