



**City of New Albany, Indiana
Board of Zoning Appeals
Appeal to Board**

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

www.cityofnewalbany.com

Date Stamp

Appeal to Board

Fee: \$100

Docket #: _____ **Date Filed:** _____

Address of Property: _____

Parcel I.D.: _____

Name(s) and Address(es) of Appellant(s):

Phone #: _____ Email: _____

Name of Owner of Property in question: _____

Nature of Appeal: _____

Specify the grounds upon which appeal is made and in what matter the appellant(s) is adversely
a f f e c t e d :

To the knowledge of appellant(s), has any appeal or application been filed with the Board for the same
premises previously? _____ Yes _____ No If so, give a date: _____

All fees are NON-REFUNDABLE



Signature of appellant(s) or agent

All fees are NON-REFUNDABLE