



City of New Albany, Indiana
City Plan Commission
Conditional Use

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

www.cityofnewalbany.com

Date Stamp

Docket #: _____

Date Filed: _____

Conditional Use

Application for Conditional Use as per the Requirements of the
Zoning Ordinance

Address of Property for Conditional Use: _____

Name of Applicant: _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

Applicant's Phone #: _____ Email: _____

Name of Property Owner: _____

Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Owner's Phone #: _____

The property is zoned: _____

Size of the Property for the Conditional Use: _____

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

What is the current use of the property? _____

What is the proposed use of the property? _____

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

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

If yes, give docket number, give date, and describe:

Date of Zoning Action: _____ Docket No(s): _____

Results: _____

Additional Information: _____

Docket #: _____

Plans Prepared By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

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 **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

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: _____ Date: _____

Application taken by: _____ Date: _____

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

Improvement Location Permit Issued No.: _____