

LAWRENCE BOARD OF ZONING APPEALS
OF MARION COUNTY, INDIANA

PETITION FOR SPECIAL EXCEPTION

DOCKET NO: _____

ADDRESS OF
AFFECTED PREMISES:

NAME OF
PETITIONER(S) _____

PHONE: _____
FAX: _____

PETITIONER(S) ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

NAME OF AGENT: _____ PHONE _____
FAX: _____

AGENT'S ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

NAME OF OWNER(S) _____ PHONE: _____
IF DIFFERENT FROM PETITIONER(S) FAX: _____

OWNER(S)
ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

IS/ARE THE PETITIONER/PETITIONERS THE OWNER/OWNERS OF ONE HUNDRED PERCENT (100%) OF THE
AREA INVOLVED IN THE PETITION: YES NO

LEGAL DESCRIPTION (CHECK ONE):

- COMPLETE METES & BOUNDS LEGAL DESCRIPTION ATTACHED.
 PLATTED SITE WITHIN A RECORDED SUBDIVISION, COPY OF PLAT MAP ATTACHED.
LOT NUMBER(S) _____ SECTION NUMBER(S) _____ IN _____
SUBDIVISION. RECORDED IN PLAT BOOK _____, PAGE(S) _____ IN THE MARION
COUNTY RECORDER'S OFFICE, OR RECORDED AS INSTRUMENT NUMBER _____
IN THE MARION COUNTY RECORDER'S OFFICE.

IS THIS PROPERTY THE SUBJECT OF ANY CODE ENFORCEMENT ACTION? YES NO

WAS THIS PROPERTY THE SUBJECT OF ANY PREVIOUS PETITION(S)? YES NO
IF YES, LIST THE ORIGINAL DOCKET NUMBERS _____

CURRENT ZONING _____ TOWNSHIP _____ ACREAGE _____

NATURE OF EXISTING IMPROVEMENTS ON THE SUBJECT PREMISES: _____

THE TYPE OF APPROVAL REQUESTED (CHECK ONE):

- | | |
|--|---|
| <input type="checkbox"/> COMMERCIAL | <input type="checkbox"/> MANUFACTURED HOUSING |
| <input type="checkbox"/> INDUSTRIAL | <input type="checkbox"/> GROUP HOME |
| <input type="checkbox"/> WELLFIELD PROTECTION | <input type="checkbox"/> RELIGIOUS USE |
| <input type="checkbox"/> CENTRAL BUSINESS DISTRICT | <input type="checkbox"/> OTHER |

PROVIDE A DETAILED DESCRIPTION OF THE REQUEST INDICATED ABOVE. ATTACH ADDITIONAL PAGES, IF
NECESSARY.

THE ABOVE INFORMATION, TO MY KNOWLEDGE AND BELIEF, IS TRUE AND CORRECT.

SIGNATURE(S) OF PETITIONER(S) OR AGENT

SIGNATURE(S) OF OWNER(S)
IF DIFFERENT THAN PETITIONER

STATE OF INDIANA, COUNTY OF MARION, SS:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC _____ PRINTED NAME _____

MY COMMISSION EXPIRES _____ COUNTY OF RESIDENCE _____