BOARD OF ZONING APPEALS APPLICATION FOR SPECIAL USE

Case No. BZA _____

City of Auburn Board of Zoning Appeals

210 South Cedar Street, P.O. Box 506, Auburn, Indiana 46706-0506

Phone: 260-925-6449 Facsimile: 260-920-3342 E-Mail: bpd@ci.auburn.in.us

Please type or print. Enter N/A where requested information is not applicable. The Applicant will be the point of contact. Applicant Name ___ Phone ___ Address Fax _____ Email _____ Owner Name Phone _____ Fax _____ Address ___ Email (required) 3. Property Information (provide either Address / Subdivision / Lot No. or describe the Boundaries of the property using streets, etc.) _____ Subdivision _____ Lot No. ___ Boundaries (do not use the legal description) Provide a brief description of your request in detail and with an explanation why the special use is needed. NOTE: anything not requested in this application cannot be requested at the time of the hearing.

REQUIRED ATTACHMENTS

1.	Copies of recorded deeds describing each (Acquire a copy from the DeKalb Country)		tition.	Attached	Not Attached	Not Required	
2.	A site plan showing property lines, exist to structures, utility electric line, pipes a between structures and the property line access or driveway cuts onto public right to explain the proposed project.	and sanitary and storm drain es, show alley way access or	s, show distances additional street		Not Attached	Not Required	
3.	Survey of the property showing the pro- legal description. (as may be required by			Attached	Not Attached	Not Required	
4.	Construction plans of the proposed projectails, roof/truss information and what		ation	Attached	Not Attached	Not Required	
5.	For property located in a floodplain: proby a registered land surveyor and a letter			Attached N	ot Attached	Not Required	
6.	For any work in a County regulated dra DeKalb County Drainage Board.	in: provide the written appro	oval of the	Attached	Not Attached	Not Required	
7.	Affidavits of ownership for all owners of the property included in this application who did not sign the application.		Attached	Not Attached	Not Required		
8.	A list of adjoining property owners names and addresses. (Acquire from the DeKalb County Transfer Department/Auditors office)		Attached	Not Attached	Not Required		
9.	Fee: \$200.00 (pay by check, cash or mo	ney order)		Attached	Not Attached	Not Required	
Call at least three (3) working days before you begin excavation, trenching, digginand ask them to locate your underground utilities: City of Auburn sanitary sewer, storm sewer and water services City of Auburn electric All other utilities - Indiana Underground Plant Protection Service ("Holey Manual")				260-925-5711 260-925-8232			
CE	RTIFICATION						
	rtify and/or acknowledge that: I am the owner or legal agent for the ow The completed application will be reviedate for the public hearing; The applicant or the applicant's represe The applicant is responsible for paymer adjacent property owners; and (3) the communication with any member of the on a matter pending before the Board is The information and documents provide	ntative shall be present at that prior to the hearing of: (1) ost of publication of a legal to a Board of Zoning Appeals particular a violation of state law.	e hearing; filing fees; (2) th notice, as specifie prior to the hearin	cost of providid by city ordinary	ng notice of the honce; and influence the mem	earing to aber's action	
Signature of Applicant or Owner Printed Name			/				
OF	FICE USE Date Received	Received By		Re	port and Meeting	<u>Dates</u>	
			Routing				
	Filing Fee Receipt:	\$	Hearing				
	Newspaper Notice		Agenda				
	Mail Receipts		Staff Repo	ort			

Zoning District: R-1 / R-2 / R-3 / R-2P / R-3P / C-1 / C-2 / C-2P / I-1 / I-2 / MH / OS Other: