

**MCCORDSVILLE BOARD OF ZONING APPEALS
SPECIAL EXCEPTION APPLICATION**

Zoning Ordinance Section 10.04

Applicant Information

Name: Michelle Brannon
Current Address: 5814 W. Glenview Dr.
(Number) (Street)
McCordsville, IN 46055
(City) (State) (Zip)
Phone No.: (219) 629-4209 E-mail Address: chellsdaycare1@aol.com

Property Owner Information (the "owner" does not include tenants or contract buyers)

Name: Michelle Brannon
Current Address: 5814 W. Glenview Dr.
(Number) (Street)
McCordsville, IN 46055
(City) (State) (Zip)
Phone No.: (219) 629-4209 E-mail Address: chellsdaycare1@aol.com

Property Information

Current Address: 5872 W. 500N
(Number) (Street)

OR General Location (if no address has been assigned, please provide a street corner, subdivision lot number, or attach a legal description)

Administrative Officer Use Only:

Existing Zoning: _____

Future Land Use: _____

Date Application Filed: _____

Docket No.: _____

Special Exception Requested

I am requesting a special exception as listed by Section _____ of the Zoning Ordinance to allow the following:

Home Daycare

Special Exception Criteria

The McCordsville Zoning Ordinance establishes specific criteria that must be met in order for a special exception to be approved. Please answer each question below and if the response is "NO", describe why the special exception use requested does not meet the required criteria.

Will the special exception be served with adequate utilities, access roads, drainage, and other necessary facilities?

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

Will the special exception provide safe conditions that do not involve any element or cause any condition that may be dangerous, injurious, or noxious to any other property or persons, and comply with the development standards of the McCordsville Zoning Ordinance?

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

Will the special exception be sorted, oriented, and landscaped to produce a harmonious relationship of buildings and grounds to adjacent buildings and properties?

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

Will the special exception produce a total visual impression and environment which is consistent with the environment of the neighborhood?

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

Will the special exception organize vehicular access and parking to minimize traffic congestion in the area?

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

Applicant's Signature

The information included in and with this application is completely true and correct to the best of my knowledge and belief.

Michelle Blannon
(Applicant's Signature)

2/17/2024
(Date)

Owner's Signature (the "owner" does not include tenants or contract buyers)

I authorize the filing of this application and will allow Town staff to enter this property for the purpose of processing this request. Further, I will allow a public notice sign to be placed and remain on the property until the processing of the request is complete.

Michelle Blannon
(Owner's Signature)

2/17/2024
(Date)

(Owner's Signature)

(Date)