



McCORDSVILLE BOARD OF ZONING APPEALS SPECIAL EXCEPTION EXTENSION APPLICATION

Zoning Ordinance Section 10.04

Applicant Information

Name: _____

Current Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone No.: _____ E-mail Address: _____

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

Name: _____

Current Address: _____
(Number) (Street)

(City) (State) (Zip)

Phone No.: _____ E-mail Address: _____

Property Information

Current Address: _____
(Number) (Street)

AND General Location (please provide a subdivision name and lot number, or attach a legal description)

Administrative Officer Use Only:

Existing Zoning: _____

Future Land Use: _____

Date of Original Special Exception

Approval: _____

Date Application Filed: _____

Docket No.: _____

Special Exception Extension Requested

I am requesting a Special Exception Extension to allow the following:

Special Exception Extension Criteria

When was the original Special Exception Approved and for what period of time?

Please Explain: _____

Will this Special Exception Extension be required to go before the Town of McCordsville Board of Zoning Appeals or can it be approved administratively?

☐ BZA Approval Required ☐ Administrative Approval Allowed

Please Explain: _____

Applicant's Signature

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

(Applicant's Signature)

(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.

(Owner's Signature)

(Date)

(Owner's Signature)

(Date)

