

Conditional Use
PETITION APPLICATION

OFFICE USE ONLY
ZONE _____ FEES \$ 300.00 DATE: _____ FLOOD PLAIN: YES OR NO
CASE # _____

OWNER INFORMATION
NAMES _____ ADDRESS _____
CITY _____ ST _____ ZIP _____ PHONE _____

APPLICANT INFORMATION (if different than owner)
NAME _____ ADDRESS _____
CITY _____ ST _____ ZIP _____ PHONE _____

DESCRIPTION OF PROPERTY
TWP or CORP _____ SUBDIVISION _____
LOT _____ SECTION # _____ TOWNSHIP# _____ RANGE# _____ ACRES _____
LOCATION STREET / ROAD _____ PARCEL# _____
DESCRIPTION OF PETITION _____

Note: The Area Plan Commission & Board of Zoning Appeals meeting will be held in Room 203 on the second floor of the Government Center on 1010 Franklin Avenue, Brookville.

OFFICE USE ONLY
PETITION MUST BE FILED ON OR BEFORE _____, 20____.
*THE GREEN CARDS AND PROOF OF PUBLICATION MUST BE SUBMITTED TO OUR OFFICE ON _____, 20____. THE HEARING WILL BE HELD ON _____, 20____ AT _____ PM

A rezone petition may be filed jointly by adjoining properties.

NOTE: UNDER THE FRANKLIN COUNTY CITIZENS ZONING CODE, SECTION 80.11.05: FILING FEES & FORMS. (E.) FEES NOT RETURNABLE; NO PART OF ANY FILING FEE PAID PERSUANT TO THIS SECTION SHALL BE RETURNABLE TO THE APPLICANT OR PETITIONER, UNLESS IT IS SHOWN THAT PROVISIONS OF THIS CODE WERE NOT FOLLOWED BY THE APC OR ITS AGENTS.

Property Owner's Signature

Printed Name

Date: _____