



**Madison County Planning Commission**  
**16 E 9<sup>th</sup> Street, Box 13, Anderson, IN 46016**

Ph: (765) 641-9541 Fax: (765) 648-1361 [www.madisoncounty.in.gov](http://www.madisoncounty.in.gov)

**NO PARTIAL FILINGS WILL BE ACCEPTED**

bzasuapp 4/21/11 changed per Ken E. by JK

*For Office Use Only*

Case #: \_\_\_\_\_

Hearing date: \_\_\_\_\_

Date fee paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

**SPECIAL USE (EXCEPTION)**

**Property Owner**

Owner name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no(s): \_\_\_\_\_

**Petitioner Information**

Petitioner name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no(s): \_\_\_\_\_

**Attorney/Contact Person and Project Engineer (if any)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone no(s): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Attachments**

- Completed Application
- Copy of Most Current Deed with Legal Description
- Letter of intent
- Site plan-drawn to scale (10 copies on 11x17 Paper)
- Application Fee

**For Office Use Only**

- Notice of Public Hearing
- Affidavit of Publication of Legal Notice
- Affidavit of Notice to Interested Parties

**CRITERIA**

1. The proposal will not be injurious to the public health, safety, morals, and general welfare of the community;
2. The requirements and development standards for the requested special use as prescribed by this Ordinance will be met;
3. Granting the special use will not subvert the general purposes served by this Ordinance and will not permanently injure other property or uses in the same district and vicinity;
4. The proposed use will be consistent with the character of the zoning district in which it is located and the Madison County Comprehensive Plan

**Project Information**

Township & Section: \_\_\_\_\_

Acreage or lot size: \_\_\_\_\_ Parcel #: \_\_\_\_\_

Address/location: \_\_\_\_\_

Current zoning: \_\_\_\_\_ Current Use \_\_\_\_\_

Nature of variance/special use/appeal: \_\_\_\_\_

**The undersigned states the above information is true and correct as (s)he is informed and believes.**

Signature of Property Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

State of Indiana )  
County of Madison ) SS:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Residing in \_\_\_\_\_ County, IN  
Printed Name  
My Commission expires: \_\_\_\_\_