## ELKHART COUNTY DEPARTMENT OF PUBLIC SERVICES

4230 Elkhart Road Goshen, IN 46526

| Planning Division<br>574-971-4678                                                                                                                                                                                                                                                                                                                                                         |  | Bo                                                           |        | Board of Zoning Appeals<br>574-971-4678 |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------|--------|-----------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                              |        |                                         |  |
| To: The Auditor and                                                                                                                                                                                                                                                                                                                                                                       |  | The Board of County Commission                               | na     |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  | or<br>The Board of Zoning Appeals of Elkhart County, Indiana |        |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  | or<br>The Hearing Officer of Elkhart County, Indiana         |        |                                         |  |
| The undersigned owners of real estate, identified within this application, which is located in Township, respectfully petition:                                                                                                                                                                                                                                                           |  |                                                              |        |                                         |  |
| <ul> <li>for a ZONING MAP CHANGE of said property from the district to the district.</li> <li>for an APPEAL from the ADMINISTRATOR'S DECISION as shown below</li> <li>to grant a VARIANCE as shown below</li> <li>to grant a SPECIAL USE as shown below</li> <li>to approve a PLANNED UNIT DEVELOPMENT</li> <li>Special Use Renewal</li> <li>(Identify specific petition here)</li> </ul> |  |                                                              |        |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                              |        |                                         |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                     |  | Phone                                                        | e No.: |                                         |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                  |  | Fax N                                                        | 0:     |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  | Email:                                                       | ·      |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  | Agent (if any)                                               |        |                                         |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                     |  | Phone                                                        | e No.: |                                         |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                              |        |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  | Email:                                                       |        |                                         |  |
| Signature of Owner(s)<br>or authorized representative                                                                                                                                                                                                                                                                                                                                     |  |                                                              |        |                                         |  |
| PROPERTY                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                              |        |                                         |  |
| Located N-S-E-W (corner/side) of                                                                                                                                                                                                                                                                                                                                                          |  |                                                              |        | (miles/feet)                            |  |
| N-S-E-W of                                                                                                                                                                                                                                                                                                                                                                                |  | in                                                           |        | Township.                               |  |
| Legal description:                                                                                                                                                                                                                                                                                                                                                                        |  |                                                              |        |                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                              |        | _ (if lengthy please attach)            |  |
| Dimensions: Frontage                                                                                                                                                                                                                                                                                                                                                                      |  | Depth                                                        | Area   | (Sq ft/acres)                           |  |
| Present use of property:                                                                                                                                                                                                                                                                                                                                                                  |  | Septic System:                                               |        |                                         |  |
| Present Zoning of Property:                                                                                                                                                                                                                                                                                                                                                               |  |                                                              |        |                                         |  |