

City of Aurora P.O. Box 158 Third & Main Streets Aurora, IN 47001 812-926-1777 Fax 812-926-0838 www.aurora.in.us

Planning, Zoning, & Code Enforcement 165 Mary Street Lawrenceburg, IN 47025 812-537-8821 Fax 812-532-2029



## CITY OF AURORA BOARD OF ZONING APPEALS APPLICATION

## **Applicant / Contractor Information**

Name:							Pho	one	No:					
Address:														
Street Address		•		City			•	Si	tate			Zip Cod	le	
Owner Information (if differen	t from abov	e)					_							
Name:							Pho	one	No:					
Address:														
Street Address				City				Si	tate			Zip Cod	le	
Site Information										1				
Location:	Se	ection:			nship (‡				)	Rang	ge:	Acre	age:	
Property Map #			Zoni	ng:	S	Subdiv	ision:					Lot:		
	Deta	ail(s):										·		
Date Received: *Please reference the current Fee Schedu		Fee, ba				chedu	le:	Receipt #						
Date Received:	-	based or									Rece			
Proposed Square Footage of Building Space:			sq. ft. Zon				e Cha	e Change Required?				-	Υ	N
Proposed Hours of Operation:	1			Propo	sed Day				-				-	
Will there be any outside storage assoc	viated with t	his reque	est?	Y	N		-			Needs			space	
**Utilities / Services: Sewer:	Water:		Electri			Gas:			-	EMS:		Schoo	-	
**The Department of Planning & Zonin							ities v				at the t			ttal.
		nil(s): _ 												
Date Received: Fee, based on current Fee Schedule:			le:	Receipt #										
As applicant, I understand that this a Code of Ordinances, including the C the accuracy and completeness of thi	ity of Auro	ra Zonii	ng & S	ubdivi	sion C	ontrol	Ordi	inan	ces, a	and th	at I am	respor	ısible	for

Planning Official's Signature

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## **CITY OF AURORA BOARD OF ZONING APPEALS INSTRUCTIONS**

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## ♦ A D J O I N I N G **PROPERTY OWNERS** (To be completed by the applicant)

All individuals who are making a request to the Board are required to compile a list of all property owners that adjoin the subject site. Adjoining property owners include any person who owns land that shares a property line with the subject site, or adjoins along the centerline of any roadway. The adjoining property owners can be indicated in the space below, or on a separate sheet.

Name:				
Address:	Street Address	City	State	Zip Code
Name:				
Address:	Street Address	City	State	Zip Code
Name:				
Address:	Street Address	City	State	Zip Code
Name:				
Address:	Street Address	City	State	Zip Code
Name:				
Address:	Street Address	City	State	Zip Code
Name:				
Address:	Street Address	City	State	Zip Code

•	To be completed by the Plan Commission Staff   Receipt #: Date: Staff Initials:
•	Is the Application Complete?  Yes No
•	Scheduled Date of Public Hearing:
٠	Board Action: APPROVED APPROVED WITH CONDITIONS DENIED
•	Conditions of Approval:
•	Reasons for Denial:
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