

CITY OF SHELBYVILLE



ADMINISTRATIVE APPEAL

APPLICATION PACKET

Shelbyville Planning & Building Department
Board of Zoning Appeals
44 W. Washington Street
Shelbyville, IN 46176
317-392-5102
www.cityofshelbyvillein.com

Quick Check List

- Completed Application (notarized) – 7 copies
- Letter of Intent – 7 copies
- Filing Fee – check made payable to the City of Shelbyville
- Supporting Materials (optional) – 7 copies
- Attend Meeting

DEADLINE DATE: _____ MEETING DATE: _____

What is an Administrative Appeal?

An Administrative Appeal applies to an applicant or interested party that wants a decision, interpretation, order, determination, or action of the Zoning administrator to be overturned or corrected by the Board of Zoning Appeals. Any decision, interpretation, order, determination, or action of the Plan Commission shall not be the subject of an Administrative Appeal.

ORIGINATION OF APPEAL

Appeals may be initiated by an application submitted by an applicant or an interested party to the Zoning Administrator.

APPEAL DECISION

Following the hearing and review, the Board may affirm or modify the decision, interpretation, order, determination, or action from which the appeal stems. The Board may also add conditions to its decision.

STAY OF OTHER ACTIONS

The filing of an appeal shall stay all proceedings in furtherance of the action being appealed.

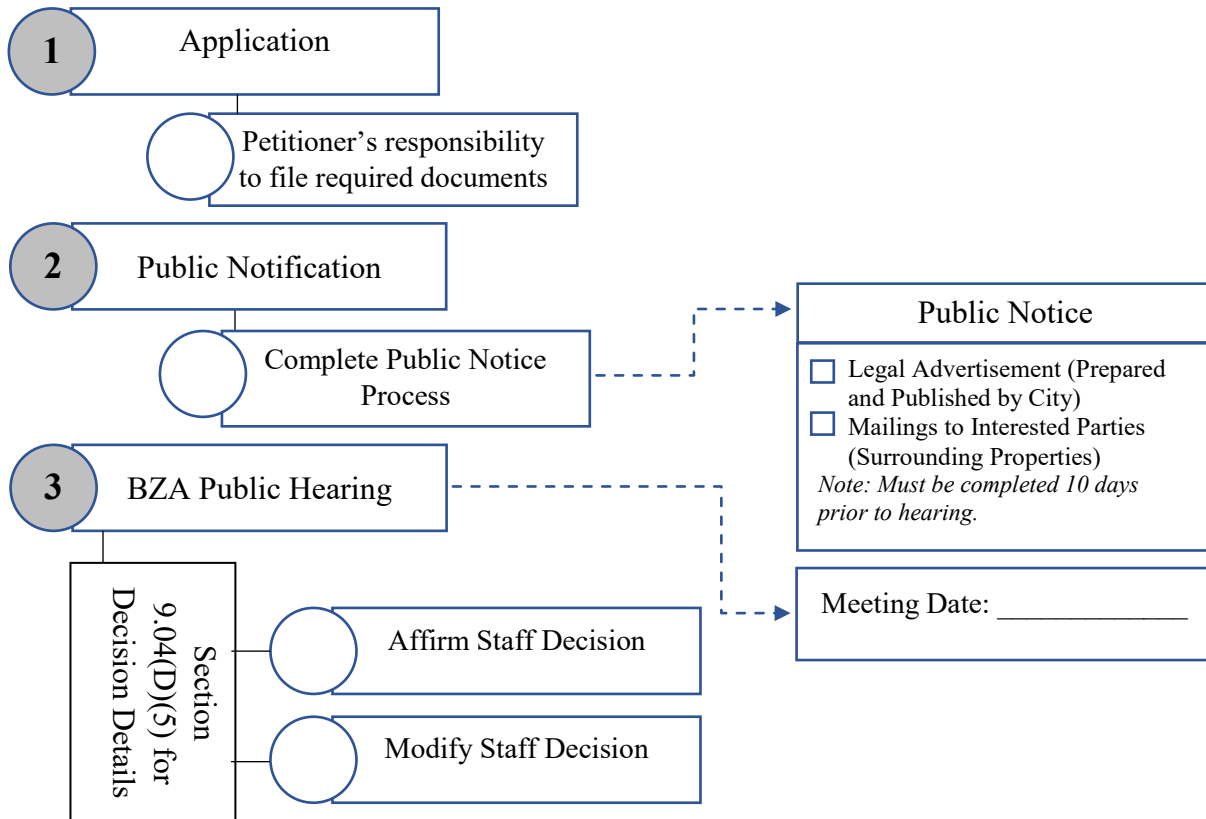
GENERAL PROCEDURE

The general procedure for an Administrative Appeal is as follows:

- 1. Application:** The applicant files an application with the Zoning Administrator and pays the fee (as indicated on the Planning & Building fee schedule available on the City of Shelbyville website or in the Plan Commission office).
**Please make checks payable to the City of Shelbyville.
- 2. Assignment:** The appeal is assigned a case number and placed on the agenda of the Board. The petitioner is then informed of the hearing date and interested parties are notified.
- 3. Transfer of Information:** The petitioner is kept abreast of any additional information provided to the Board and the Zoning Administrator will begin their written report.
- 4. Review:** The Board will hear the appeal.
- 5. Decision:** The Board will issue their decision.
- 6. Appeal:** Any party aggrieved by the decision may appeal to a court of jurisdiction.

UDO 9.04 Administrative Appeal

Process Outline





ADMINISTRATIVE APPEAL APPLICATION

Shelbyville Planning & Building Department
44 West Washington Street
Shelbyville, IN 46176
P: 317.392.5102

For Office Use Only:	
Case #: BZA _____ - _____	
Hearing Date: _____	
Fees Paid: \$ _____	
Final Decision:	
Approved _____	Denied _____

1. Applicant (person or company requesting variance)

Name: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email: _____

Property Owners Information (if different than Applicant)

Name: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email: _____

2. Applicant's Attorney/Representative

Name: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email: _____

Project Engineer

Name: _____
Address: _____

Phone Number: _____
Fax Number: _____
Email: _____

3. Project Information:

Address of Property: _____
Current Zoning: _____ Existing Use of Property: _____

5. Applicable Ordinance Section Number(s)

- Affidavit and Consent of Property Owner (if applicable)
- Proof of Ownership (copy of deed, recent property card)
- Letter of Intent
- Vicinity Map
- Application Fee
- Any Supporting Documents

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

Signature of Applicant: _____ Date: _____

State of Indiana)
County of Shelby) SS:

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public / _____ Printed

Residing in _____ County. My Commission Expires: _____

AFFIDAVIT & CONSENT OF PROPERTY OWNER
APPLICATION TO THE SHELBYVILLE BOARD OF ZONING APPEALS

STATE OF _____)
COUNTY OF _____) SS:

I, _____, AFTER BEING DULY SWORN, DEPOSE AND SAY THE
(Name of property owner)
FOLLOWING:

1. That I am the owner of real estate located at _____;
(Address of subject property)
2. That I have read and examined the Application made to the Shelbyville Board of Zoning Appeals by:

(Name of applicant)
3. That I have no objections to, and consent to the request(s) described in the Application made to the Shelbyville Board of Zoning Appeals.

Owner's Name (Please Print)

Owner's Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public / _____
Printed

Residing in _____ County My Commission expires _____



LETTER OF INTENT BOARD OF ZONING APPEALS

Please write a brief summary the case you are presenting to the Board of Zoning Appeals. You may submit on this form or on your own letterhead.
