



BOARD OF ZONING APPEALS APPLICATION

(Variance / Special Exception / Contingent Use)



NEW HAVEN PLANNING DEPARTMENT
815 LINCOLN HIGHWAY EAST, NEW HAVEN, IN 46774
PH: (260)748-7040 FAX: (260) 748-7075

CONTACT INFORMATION

Applicant _____	Phone _____
Address _____	Fax _____
City _____ State _____ ZIP _____	E-mail _____
 Property Owner _____	 Phone _____
Address _____	Fax _____
City _____ State _____ ZIP _____	E-mail _____
 Name of Agent _____	 Phone _____

PROPERTY INFORMATION

Premises Affected _____	
Subdivision _____	Lot Number _____
Zoning District _____ <small>(RS-2, RSP-2, C-2A, Etc.)</small>	_____ <small>(Multi-Family Neighborhood, Shopping Center, Etc.)</small>
Nature and Size and Existing Improvements _____	

PETITION INFORMATION

Type of request (Please circle): VARIANCE SPECIAL EXCEPTION CONTINGENT USE

Section of the New Haven Zoning Code from which the approval is sought _____

Description of the request _____

This application must be accompanied by the following:

- _____ \$300 Application Fee (Checks should be made payable to the City of New Haven)
- _____ Written narrative describing the request
- _____ Plot plan or survey showing existing or proposed structures and/or uses

The undersigned certifies that the above information is true and correct to the best of his or her knowledge (Please attach a separate signature page labeled "Exhibit A" if necessary):

_____	_____	_____
(Printed name of applicant)	(Signature of applicant)	(Date)
_____	_____	_____
(Printed name of property owner)	(Signature of property owner)	(Date)

OFFICE USE	RECEIVED	RECEIPT NO.	HEARING DATE	PETITION NO.
	_____ <small>(Name)</small>	_____ <small>(Date)</small>		