



## Application for Administrative Appeal

Clarksville, Indiana

Date: \_\_\_\_\_ Docket #: \_\_\_\_\_

Applicant: \_\_\_\_\_

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

\_\_\_\_\_ Email: \_\_\_\_\_

Appeal: Select one of the three Appeals below:

( ) Appeal of order, requirement, decision, or determination made by inspector, administrative official, hearing officer, or staff member under the zoning ordinance.

( ) Appeal of order, requirement, decision, or determination made by an administrative board or other body except a plan commission in relation to the enforcement of the zoning ordinance

( ) Appeal of order, requirement, decision, or determination made an ordinance requiring a building or improvement location permit.

Explain Reason for Appeal:

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Present Use of Property:

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Property Located in Zone District: \_\_\_\_\_

### DOCUMENTATION

Provide any documentation or information that you think would be helpful to the BZA in considering this Appeal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Affidavit of Notice of Public Hearing  
Town of Clarksville, Indiana

I [we] \_\_\_\_\_ certify that notice of public hearing to consider docket # \_\_\_\_\_ pertaining to the \_\_\_\_\_ was sent by certified first class mail the last known address, as determined by records of the Clark County Auditors, to each of the following persons.

Owners Name	Address

*Attach additional sheets if needed*

And that such notice were mailed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ being at least 10 days prior to the scheduled public hearing and that timely proof of such first certified first class mailing[s] are attached hereto.

\_\_\_\_\_  
Applicant, Attorney, or Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name.

State of Indiana)  
)  
County of Clark)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_

\_\_\_\_\_  
Notary Public Resident of Clark County, Indiana

My commission expires: \_\_\_\_\_