



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:

Present Use of Property:

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: _____