



# BOARD OF ZONING APPEALS – ADMINISTRATIVE APPEAL

Department of Building, Planning, & Development

210 S Cedar St PO Box 506 Auburn IN 46706 | 260.925.6449 | 260.920.3342 fax | bpd@ci.auburn.in.us

## PETITIONER INFORMATION

Provide Contact Name, Company Name (if applicable), Mailing Address, Phone, and Email for each individual.

Petitioner \_\_\_\_\_

Petitioner Address \_\_\_\_\_

Petitioner Phone \_\_\_\_\_ Email \_\_\_\_\_

Petitioner's Standing \_\_\_\_\_

## ADMINISTRATIVE APPEAL INFORMATION

Zoning Administrator  
or Enforcement Official \_\_\_\_\_

Location \_\_\_\_\_

Statement of Appeal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested Action by  
BZA \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION

By signing below, I certify the following:

- I am the owner or legal agent of the subject property;
- The information provided in this application is true and accurate to the best of my knowledge;
- I understand the application will be routed to applicable government and utility agencies;
- I understand I am responsible for the costs of all legal notices associated with this application;
- I understand my presence (or my legal counsel's presence) is required at the Board of Zoning Appeals meeting concerning this project.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Applicant Printed Name*

\_\_\_\_\_  
*Date*

## OFFICE USE ONLY

Received Date: \_\_\_\_\_ LOGOS#: BZA- \_\_\_\_\_

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