



## **ADMINISTRATIVE APPEAL APPLICATION PACKET**

City of Shelbyville Plan Commission

44 West Washington Street

Shelbyville, IN 46176

Phone: 317.392.5102

[www.shelbyville.in.gov](http://www.shelbyville.in.gov)

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**Quick Check List**

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

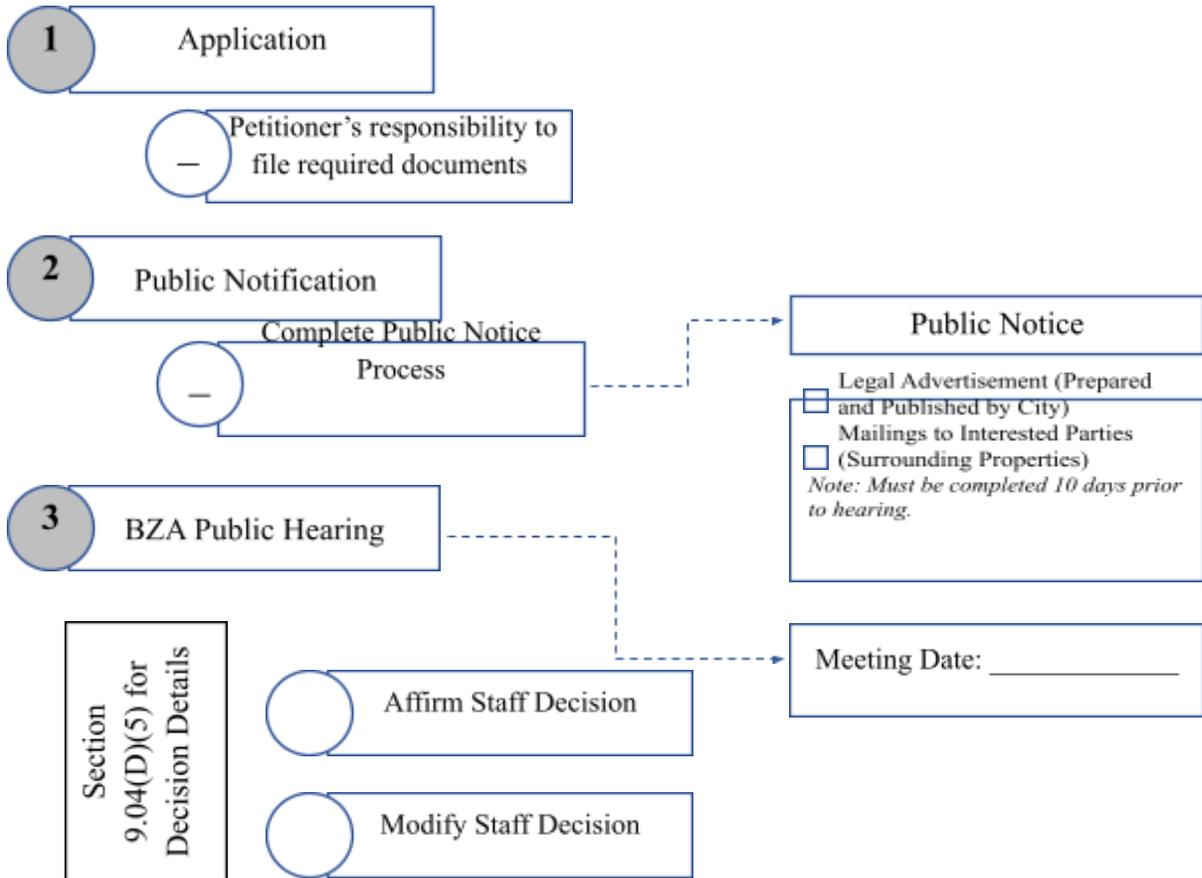
## GENERAL PROCEDURE

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 Packet

Plan Commission  
44 West Washington Street  
Shelbyville, IN 46176  
P. 317-392-5102

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: \_\_\_\_\_

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



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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 \_\_\_\_\_

