

Columbus – Bartholomew County Planning Department
Appeal of an Administrative Decision

Planning Department Use Only:

Jurisdiction: Columbus Bartholomew County Joint District

Docket No.: _____

Appeal of an Administrative Decision:

Applicant Information:

Name: _____

Address: _____
(number) (street) (city) (state) (zip)

Phone No.: _____ Fax No.: _____ E-mail Address: _____

Notification Information (list the person to whom all correspondence regarding this application should be directed):

Name: _____

Address: _____
(number) (street) (city) (state) (zip)

Phone No.: _____ Fax No.: _____ E-mail Address: _____

How would you prefer to receive information (please check one): ___ E-mail ___ Phone ___ Fax ___ Mail

Decision being Appealed:

On the following date _____, I was notified by the Planning Department of the following interpretation of the zoning ordinance:

Basis of Appeal:

The interpretation I was provided is incorrect for the following reasons:

Supporting Information (please note the following which must be provided with this appeal):

- 10 copies of all materials submitted by the applicant upon which the Planning Department decision being appealed was made.
- 10 copies of the written decision of the Planning Department that is being appealed.

Application Fee Refund Information:

The adopted Planning Department Schedule of Application Fees provides for the refunding of application fees for this request if it is approved by the Board of Zoning Appeals. The refund will be provided by mail in the form of a check. It may take several weeks after the Board of Zoning Appeals approval to process the refund and issue the check. Please indicate to whom the refund should be provided:

Name: _____

Address: _____
(number) (street) (city) (state) (zip)

Applicant's Signature:

I understand that it is my responsibility to provide the information and evidence to show that the Planning Department decision is incorrect. I understand that the appeal must be filed within 30 days of the decision that is alleged to have been in error. The information included in and with this application is completely true and correct to the best of my knowledge and belief.

(Applicant's Signature)

(Date)

(Applicant's Printed Name)