

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:
File Number: _____
Date Application Filed: _____

**Application for SPECIAL EXCEPTION
(Section 805)**

Board of Zoning Appeals (BZA)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

APPLICANT INFORMATION

Applicant's Name: _____
Address: _____
Telephone Number: _____ E-Mail: _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____
Address: _____
Telephone Number: _____ E-Mail: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: _____
Address: _____
Telephone Number: _____ E-Mail: _____

Zoning Classification of Property: _____

Address or common description of property:

Legal description of property affected:

Describe the Use that you are requesting a Special Exception for:

Please provide the following information to the best of your ability if it pertains to your petition to the BZA.

A. Lighting:

- 1. Style: _____
- 2. Height: _____
- 3. Location: _____

B. Signage:

- 1. Dimensions: _____
- 2. Materials: _____
- 3. Placement: _____
- 4. Lighting: _____

C. Hours of Operation:

D. Parking/Access:

Parking Classification (office use only) _____

E. Landscaping/Buffer yards:

Bufferyard Classification (office use only) _____

F. Number of Employees: _____

The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.

- A. Does the proposed use involve any element or cause any condition that may be dangerous, injurious or noxious to any other property or persons?

Yes () No ()

- B. Does it comply with the performance standards of the Ordinance?

Yes () No ()

- C. Is the proposed use sited, oriented, and landscaped so that the relationship of its buildings and grounds to adjacent buildings and properties does not impair health, safety, or comfort, and does not adversely affect values of adjacent properties?

Yes () No ()

D. Does the proposed use produce a total environmental effect which is harmonious with, and not harmful to, the environment of the neighborhood?

Yes () No ()

E. Does the proposed use organize vehicular access and parking to minimize conflicting traffic movement of adjacent streets?

Yes () No ()

F. In the case of a change in non-conforming use, is the proposed use equally appropriate or more appropriate to the district than the existing or former non-conforming use?

Yes () No ()

G. Does the proposed use promote the objectives of this Ordinance and the Comprehensive Plan?

Yes () No ()

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: _____
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS _____ DAY OF _____, 20____ AT _____.