

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 ADMINISTRATIVE APPEAL  
(Article 7)**

\_\_\_\_\_ **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 \*ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD**

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:**

\_\_\_\_\_

\_\_\_\_\_

**What order, requirement, decisions or determination is being appealed:**

\_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_.