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: ________________________________

REPRESENTATIVE 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 _____________________________. 