

SPECIAL EXCEPTION APPLICATION PROCEDURES



DEFINITION: A special exception review is a use permitted in a particular zoning district only upon showing that the use in a specific location will comply with all the conditions and standards for the location of operation of the use as specified in the Avon Zoning Ordinance and approved by the Avon Board of Zoning Appeals.

APPLICATION: The application will not be considered complete until all information is received. All applications and supplemental material must be submitted by close of business on the posted schedule deadline and **must be completed on Original Town Forms**. All applications will be reviewed for completeness and accuracy prior to acceptance.

1. A **notarized application** filed at least thirty (30) days before the date of the Board of Zoning Appeals public hearing;
2. A **legal description** of the property;
3. A **sketch plan** drawn to scale showing all existing and proposed improvements on 8 ½ x 11 paper;
4. A **Letter of Intent** which includes proof supporting the Findings-of-Fact;
5. If the applicant is not the owner, a signed and notarized **Letter Granting Authority for an Agent**;
6. A **sample letter** for the written notification requirements;
7. A **list of adjacent property owners** within six hundred sixty (660) feet but no more than two (2) property owners in depth;
8. An **application fee** (payable by check to the **Town of Avon**).

FEES: ***Fees are nonrefundable*** The following fees apply to a special exception review:

(Please see fee schedule)

1. Application Fee by check made payable to the **Town of Avon**.
2. Legal Advertisement Fee by check made payable to the **Town of Avon**.

PUBLIC NOTIFICATION: The following public notification is required for the special exception review:

1. **NEWSPAPER NOTIFICATION:** The Plan Commission Staff will submit legal notices to the Hendricks County Weekend Flyer and the Republican newspapers for publication at least ten (10) days prior to the date of the Board of Zoning Appeals' public hearing.
2. **WRITTEN NOTIFICATION:** The applicant must mail certified letters with return receipts requested to adjacent property owners at least ten (10) days prior to the date of the Board of Zoning appeals public hearing. An adjacent property owner is defined as all property owners two (2) deep or within six hundred and sixty (660) feet; whichever is less, of the applicant's property. The applicant **must** follow the sample written notification letter. The provided Affidavit of Notice to Interested Parties must be signed attesting to the mailings and a copy of a sample mailing **must** be submitted to the Board of Zoning Appeals staff prior to the public hearing. (See attached sample letter and affidavit form.)
3. **POSTING OF PROPERTY:** Ten (10) days prior to the date of the Board of Zoning Appeals public hearing, the applicant **must** submit the provided Affidavit of Sign Posting stating that the applicant has placed the required signs on the property stating a brief description of the proposed variance and the date, time, and location of the public hearing. (See attached affidavit and Sign to be posted)

BOARD OF ZONING APPEALS MEETING: The Board of Zoning Appeals meetings are held on the third Thursday of every month in the Avon Town Hall, located at 6570 East U.S. Highway 36, Avon, Indiana 46123.

ACTION BY THE BOARD OF ZONING APPEALS: Any person aggrieved by a decision of the Board of Zoning Appeals may present to the circuit of Superior Court of Hendricks County a verified petition setting forth that the decision is illegal in whole or in part and specifying the grounds of the illegality. All appeals must be filed within thirty (30) days from the date of the Board of Zoning Appeals decision.

REQUIREMENTS FOR FILING A SPECIAL EXCEPTION CHECKLIST



1. _____ One (1) completed checklist **signed and dated**. (Attach completed copy of this form.) Mark all items N/A (Not Applicable) which don't apply to your project.
2. _____ One (1) completed application form: typewritten, signed by the owner or an authorized agent of the subject property, notarized and filed at least thirty (30) days before the date of the Board of Zoning Appeals meeting. If application is not complete, staff reserves the right to deny the request to be placed on the Agenda. Be sure to include:

_____ Project Name	_____ Acres
_____ Project Address	_____ Number of Lots/Parcels
_____ Section, Township, Range	_____ Nearest intersection
_____ Key/Parcel number(s)	_____ Current zoning classification
_____ Existing land use	_____ Previous planning/zoning approvals
_____ Applicable provision of ordinance	_____ Surrounding land use
3. _____ If the applicant is not the owner, one (1) signed and notarized copy of the Letter Granting Authority for an Agent.
4. _____ One (1) copy of the legal description of property.
5. _____ One (1) copy of the Letter of Intent. This should include a brief description of the project and facts supporting the request.
6. _____ A completed Findings of Fact for a Special Exception form.
7. _____ Two (2) copies of a property survey, certified by a registered land surveyor, showing existing lot lines and dimensions as well as lot area, all easements, all public and private rights-of-way and all streets across and adjacent to the subject property.
8. _____ A sketch plan, drawn to scale showing all proposed construction of development.
9. _____ One (1) completed Public Notification Letter to be sent to adjacent property owners.
10. _____ A list of adjacent property owner(s) and completed sample notification letter.
11. _____ Completed and notarized Affidavit of Notice to Interested Parties.
12. _____ Completed and notarized Affidavit of Sign Posting.
13. _____ Completed Disclosure Statement.
14. _____ Nonrefundable application fee. (Check must be made payable to the "**TOWN OF AVON**").

Signature of Person Completing Application

Date

**APPLICATION FOR A
SPECIAL EXCEPTION**
(Page 1)



Name of Project: _____

Applicant(s): _____
Address: _____
Owner(s): _____
Address: _____

Telephone: _____
Fax: _____
Telephone: _____
Fax: _____

Applicant's Attorney
Name: _____
Address: _____
Telephone: _____

Applicant's Registered Land Surveyor/Engineer
Name: _____
Address: _____
Telephone: _____

Property Location:

Street Address: _____
Nearest Street Intersection: _____
Section: _____ **Township:** _____ **Range:** _____
Key/Parcel Number(s): _____
Area: _____ **acres** **Number of Lots:** _____

Existing Zoning Classification: (Check one or all that apply)

- | | |
|--|--|
| <input type="checkbox"/> E-1 Single Family Estate | <input type="checkbox"/> R-1 Single Family Residential |
| <input type="checkbox"/> R-2 Single Family Residential | <input type="checkbox"/> R-3 Single Family Residential |
| <input type="checkbox"/> R-4 Multiple Family Residential | <input type="checkbox"/> R-5 Multiple Family Residential |
| <input type="checkbox"/> C-1 Neighborhood Commercial | <input type="checkbox"/> C-2 General Commercial |
| <input type="checkbox"/> C-3 Highway Commercial | <input type="checkbox"/> C-4 Transitional Office |
| <input type="checkbox"/> I-1 Transitional Industrial | <input type="checkbox"/> I-2 Light Industrial |
| <input type="checkbox"/> I-3 Heavy Industrial | <input type="checkbox"/> I-4 Industrial Park |
| <input type="checkbox"/> PUD Planned Unit Development | <input type="checkbox"/> SC Shopping Center |

Existing Land Use: _____

Surrounding land use: North _____ South _____ East _____ West _____

Previous Planning/Zoning Approvals: _____

**APPLICATION FOR A
SPECIAL EXCEPTION**
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The undersigned, having been duly sworn on oath states the above information is true and correct as (s) he is informed and believes.

I (We) also understand that the application fee does not include the fees associated with design review and/or construction management review. Fees for design review and/or construction management review are the direct responsibility of the applicant payable directly to the engineering firm(s) specified by the Town at rates set out by various agreements and/or ordinances of the town, for services, inspection, reports, and the like required by the Town.

Date

Signature of Owner(s) or Agent

STATE OF INDIANA }
 }
 } SS:
COUNTY OF HENDRICKS }

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public: Signature

Notary Public: Printed Name

My Commission Expires: _____

Residing in _____ County

FOR OFFICE USE ONLY:	
DATE RECEIVED: _____	FEE PAID: _____
RECEIVED BY: _____	APPLICATION # _____

**FINDINGS OF FACT
SPECIAL EXCEPTION
BOARD OF ZONING APPEALS
AVON, INDIANA**



Project Name: _____

Requested Variance: _____

The petitioner seeking a variance from the development standards before the Avon Board of Zoning Appeals must answer the following nine (9) questions and provide any documentation that may support the findings. (These may serve as the basis for the written Findings of Fact for this petition)

1. **Is the requested use listed as a special exception for the specific zoning district involved as specified?**

2. **Will the operation of the use be detrimental to or endanger the public's health, safety, or general welfare?**

3. **Will the continued operation be injurious to the use and enjoyment of other properties in the immediate vicinity or substantially diminish or impair property values with the specific zoning district?**

4. **Will the use be served adequately by essential public facilities and services such as highways, streets, police and fire protection, drainage structures, refuse disposal, water and sewer, and schools?**

5. **Will the use create excessive additional requirements at public expense for public facilities and services, or be detrimental to the economic welfare of the community or result in the destruction, loss, or damage of a natural, scenic, or historic feature of major importance?**

6. **Have there been previous appeals to the BZA for this property within the last year? _____ If yes, please specify case number and date.**

7. **Does the proposed special exception meet the requirements and standards of this ordinance and its relationship and compatibility to adjacent properties and neighborhoods?**

8. **Does the proposed special exception make adequate provision for public services, provide adequate control over vehicular traffic, provide for and protect designated common open space and furthers the amenities of light and air, recreation and visual enjoyment?**

9. **Is the proposed special exception in accordance with the general objectives of the comprehensive plan?**

Person Completing This Form:

Printed Name: _____ Signature: _____

Title: _____ Telephone Number: _____

CONTACT INFORMATION



The person indicated below will receive all correspondence between the Plan Commission Staff and the applicant. It shall be the responsibility of the contact person to provide copies of information to other interested parties.

Indicate the Contact Person to be notified to request additional information, schedule meetings, receive Board of Zoning Appeals Staff Letters and Recommendations, and to receive the Board of Zoning Appeals Findings-of-Fact:

Please type or print legibly.

Business Name: _____

Contact Person: _____

Address: _____

Daytime Phone: _____

Fax Number: _____

E-mail: _____

**LETTER GRANTING AUTHORITY FOR AN AGENT
SPECIAL EXCEPTION
AVON BOARD OF ZONING APPEALS
TOWN OF AVON, INDIANA**



I (We) do hereby grant authority to _____
(Name of agent)

to seek Special Exception approval from the Avon Board of Zoning Appeals for the property located at

[property address or parcel ID number(s)]

I (We) am (are) the owner(s) of the real estate included in the proposed Special Exception.

Date

Signature of Owner(s) or Agent

STATE OF INDIANA }
 } SS:
COUNTY OF HENDRICKS }

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public: Signature

Notary Public: Printed Name

My Commission Expires: _____

Residing in _____ County

**DISCLOSURE STATEMENT
SPECIAL EXCEPTION
AVON BOARD OF ZONING APPEALS
TOWN OF AVON, INDIANA**



In order to avoid any questions about conflicts of interest, all applicants for permits, and petitioners to the Plan Commission and the Board of Zoning Appeals must disclose any and all financial or business relationships between the applicant and any entity associated with the applicant and any person associated with the Town of Avon, the Avon Town council, the Avon Plan Commission, and/or the Avon Board of Zoning Appeals. If you are in doubt as to whether or not to disclose something, you should resolve that doubt by disclosing it.

I _____, being duly sworn upon my oath state as follows:

(Strike inapplicable provision.)

1. A. I am the applicant for a _____
(Type of Action)

Or

B. I represent the applicant _____ for a
(Name of Applicant)

(Type of Action)

2. To the best of my knowledge, the applicant named above has no financial agreements, or Contracts or other arrangements between the applicant or any other entity associated with the applicant and anyone associated with the Town of Avon, the Avon Town Council, the Avon Board of Zoning Appeals, or the Avon Plan Commission except:

(Strike inapplicable provision.)

A. None

Or

B. List any and all contracts, arrangements, or financial agreements, and all entities to such contracts arrangements or financial agreements.

I affirm under the penalties of perjury that the foregoing is correct to the best of my knowledge and belief.

Date

Signature

**AFFIDAVIT OF NOTICE TO INTERESTED PARTIES
SPECIAL EXCEPTION
AVON BOARD OF ZONING APPEALS
TOWN OF AVON, INDIANA**



Affidavit must be submitted prior to the scheduled public hearing.

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

RE: Request for Special Exception Review before the Avon Board of Zoning Appeals

(Name of Project)

I, _____ do hereby certify that notice to
(Name of Person Mailing Letters)

interested parties of the date, time, and place of the public hearing on the above referenced special exception,
Project Number _____, being the application for _____ was
(Name of Project)

certified and mailed to the last known address of each of the following interested persons owning property
affected by this petition as defined in the Avon Zoning Ordinance (attach additional sheets, if necessary):

	<u>OWNER(S)</u>	<u>ADDRESS</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

And, that said notices were sent by first class mail on or before the _____ day of _____, 20____,
being at least ten (10) days prior to the date of the public hearing.

(Applicant or Agent)

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public: Signature

Notary Public: Printed Name

My Commission Expires: _____

Residing in _____ County

SAMPLE PUBLIC NOTIFICATION LETTER SPECIAL EXCEPTION

Date **(Date Letters Mailed)**

Name

Address

(Mailing Address of Adjacent Property Owner)

City, State, and Zip Code

Dear **(Name of Adjacent Property Owner):**

Please be advised that the undersigned property owner or agent for the property owner has made application to the Avon Board of Zoning Appeals for a special exception review for a project to be known as _____ **(Name of Project)** _____ in the Town of Avon, Indiana, in Section _____, Township _____, Range _____ located near **Give the Location of the Project in Relationship to the Nearest Street Intersection.**

A copy of this application, legal description, and all plans pertaining to this proposed special exception are on file and available for examination prior to the public hearing in the office of the Planning Department at the Avon Town Hall located at 6570 East U.S. Highway 36, Avon, Indiana, 46123, between the hours of 8:00 AM and 4:00 PM, Monday through Friday. Written objections to a proposal may be filed with the Plan Commission Staff within ten (10) days after the receipt of this letter at the Avon Town Hall at the above address and such objections will be considered.

The Avon Board of Zoning Appeals will hold a public hearing on this proposed special exception in the Avon Town Hall located at 6570 East U.S. Highway 36, Avon, Indiana, 46123 on **(Date of the Public Hearing)** at 7:00 PM.

Very truly yours,

**(Name and Signature of Applicant
or Agent for the Applicant)**

**AFFIDAVIT OF SIGN POSTING
SPECIAL EXCEPTION
AVON BOARD OF ZONING APPEALS
TOWN OF AVON, INDIANA**



Affidavit must be submitted prior to the scheduled public hearing.

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

RE: Request for Special Exception Review before the Avon Board of Zoning Appeals

(Project Name and Number)

I, _____, after being first duly sworn states:
(Name of Person Posting Sign)

1. That the Avon Zoning Ordinance which requires the posting of sign on the property being considered for special exception review, as adopted by the Avon Plan Commission, has been fully complied with in connection with the above referenced request; and
2. That said sign(s) was (were) duly erected on the _____ day of _____, 20_____, in full compliance with the requirements of the Avon Zoning Ordinance and the sign(s) remain(s) on said property to this date.

Dated this _____ day of _____, 20_____.

(Signature of Person Posting Sign)

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public: Signature

Notary Public: Printed Name

My Commission Expires: _____

Residing in _____ County

NOTICE OF PUBLIC HEARING

The Board of Zoning Appeals will consider _____

(Case Number and Name)

This case will be heard on _____

(Day, Date and Time)

**at a public hearing in the Avon Town Hall, 6570 East U.S.
Highway 36, Avon, Indiana 46123.**

For additional information, call 317-272-0948.