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.


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): ____________________________ Telephone: ____________________________
Address: ____________________________ Fax: ____________________________
Owner(s): ____________________________ Telephone: ____________________________
Address: ____________________________ Fax: ____________________________

Applicant’s Attorney Applicant’s Registered Land Surveyor/Engineer
Name: ____________________________ Name: ____________________________
Address: ____________________________ Address: ____________________________
Telephone: ____________________________ 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)

E-1 Single Family Estate
R-1 Single Family Residential
R-2 Single Family Residential
R-3 Single Family Residential
R-4 Multiple Family Residential
R-5 Multiple Family Residential
C-1 Neighborhood Commercial
C-2 General Commercial
C-3 Highway Commercial
C-4 Transitional Office
I-1 Transitional Industrial
I-2 Light Industrial
I-3 Heavy Industrial
I-4 Industrial Park
PUD Planned Unit Development
SC Shopping Center

Existing Land Use: ____________________________

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

Previous Planning/Zoning Approvals: ____________________________
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 }  
COUNTY OF HENDRICKS } SS:

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: ___________________________

Application for a Special Exception
Town of Avon, Indiana
Revised 09-21-10
T:\Planning and Building\Planning\Administration\Applications\2009 Updated Applications Online
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 _____________________________.
   (Type of Action)
   Or
   B. I represent the applicant _____________________________.
   (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):

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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  (Case Number, Case Name and a brief description of the 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

STATE OF INDIANA  )
COUNTY OF HENDRICKS  ) SS:

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  )
COUNTY OF HENDRICKS  ) SS:

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 Project Name)

This case will be heard on ____________________________

(Day, Date and Time)


For additional information, call 317-272-0948.