ADMINISTRATIVE APPEAL
APPLICATION PROCEDURES

DEFINITION: An administrative appeal is the process by which any person aggrieved by an order, requirement, decision, or determination made by an administrative official, staff member, an administrative board, or other body, except the Plan Commission, in relation to the enforcement of the Zoning Ordinance can seek an appeal of such order, requirement, decision or determination. Administrative Appeals are heard by the Board of Zoning Appeals in accordance with Section 4-5 of the Avon Zoning Ordinance.

APPLICATION: The application will not be considered until all information is received. All applications must be submitted in accordance with Section 3-4 of the Avon Zoning Ordinance. All applications will be reviewed for completeness and accuracy prior to acceptance. The following information must be submitted with the application:

1. A **notarized application** filed at least thirty (30) days before the date of the Board of Zoning Appeals public hearing;
2. A **written statement** indicating why the applicant feels they have been aggrieved by the order, requirement, decision or determination made by the party who’s action(s) are being appealed;
3. A **list of adjacent property owners** within six hundred sixty (660) feet but no more than two (2) property owners in depth;
4. A **sample letter** for the written notification requirements;
5. A **disclosure statement** indicating any financial or business relationships between the Applicant and any member of the Board of Zoning Appeals;
6. An **application fee** payable by check to the Town of Avon.

FEES: *Fees are nonrefundable* The following fees apply to an administrative appeal:

(Please see fee schedule)

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

PUBLIC NOTIFICATION: The following public notification is required for an administrative appeal:

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 letters by first class US Mail 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 sixty (660) feet; whichever is less, of the applicant’s property. The applicant **must** follow the sample written notification letter. A signed affidavit attesting to the mailings and a copy of a sample mailing **must** be submitted to the Plan Commission 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 an affidavit stating that the applicant has placed posters on the property providing a brief description of the appeal and the date, time, and location of the public hearing. (See attached affidavit and sample poster language.)

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.
APPLICATION FOR AN ADMINISTRATIVE APPEAL

Applicant(s): ____________________________ Telephone: ____________________________
Address: ________________________________ Fax: _________________________________

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

Applicant’s Attorney
Name: __________________________________ Telephone: ____________________________
Address: ________________________________

Property Location (subject property resulting in appeal)

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

The Zoning Administrator’s interpretation, notice of violation, or written order, requirement, decision, or
determination for which an administrative appeal is being sought shall be attached to this application.

Requested Action from the Board of Zoning Appeals __________________________________________

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 ____________________________ Printed Name ____________________________

My Commission Expires: ____________________________ Residing in ____________________________ County
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: _____________________________________________________________________

Case #: ____________________________
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
ADMINISTRATIVE APPEAL
AVON BOARD OF ZONING APPEALS
TOWN OF AVON, INDIANA

STATE OF INDIANA  SS:  COUNTY OF HENDRICKS

RE: Request for an Administrative Appeal before the Avon Board of Zoning Appeals

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 administrative appeal, Project Number ____________, 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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<th>OWNER(S)</th>
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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
ADMINISTRATIVE APPEAL

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 an administrative appeal project to be known as (Case Number, Case Name and a brief description of the Project) to appeal the decision of (name of administrative official, staff member, an administrative board, or other body) regarding their decision that (order, requirement, decision, or determination which is being appealed). The site of the property for which the appeal is being sought is in the Town of Avon, Indiana, in Section ____, Township _____, Range ____ located near Give the Location of the Property in Relationship to the Nearest Street Intersection.

A copy of this application for administrative appeal is 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 administrative appeal 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
ADMINISTRATIVE APPEAL
AVON BOARD OF ZONING APPEALS
TOWN OF AVON, INDIANA

Affidavit must be submitted prior to the scheduled public hearing.

STATE OF INDIANA )
COUNTY OF HENDRICKS ) SS:

RE: Request for an Administrative Appeal before the Avon Board of Zoning Appeals

(Project 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 which is subject to the administrative appeal, 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