

Department of Planning &  
Community Development  
CITY OF CRAWFORDSVILLE

Petition to Appeal to the Board of Zoning Appeals

Petition No. \_\_\_\_\_

Nonconforming Situation Ruling	Date: _____
Administrative Appeal Ruling	Date: _____
Special Exception	Date: _____
Development Standard Variance	Date: _____
Use Variance	Date: _____

Petitioner: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone No. \_\_\_\_\_

Address: \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Legal Description: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Parcel Size: \_\_\_\_\_ Parcel No. \_\_\_\_\_ Zoning District: \_\_\_\_\_

Current Use of Property: \_\_\_\_\_ Proposed Use: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Section of Ordinance from which Appeal is sought: \_\_\_\_\_

I understand and agree, upon execution and submission of this petition, that I agree to abide by all provisions of the Crawfordsville Zoning Code as well as all procedures and policies of the Crawfordsville Board of Zoning Appeals whose provisions, procedures, and policies related to the handling and disposition of this petition; and that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Petitioner/Agent

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Petition Fee: \_\_\_\_\_ Legal Fee: \_\_\_\_\_ Certified Mail: \_\_\_\_\_ TOTAL: \_\_\_\_\_