

**Notice of Appeal**  
**Special Exception**

Name of Petitioner: \_\_\_\_\_

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

Township: \_\_\_\_\_

Date filed: \_\_\_\_\_

Date of Hearing: \_\_\_\_\_

Petition Number: \_\_\_\_\_

The undersigned applicant hereby appeals to the Board of Zoning Appeals for a Special Exception for the purpose of \_\_\_\_\_ on the following property commonly known as \_\_\_\_\_ and further described as: (attach your legal description)

**Zoning Classification of Land:** \_\_\_\_\_

Minimum lot/size requirement for this district: \_\_\_\_\_

Actual size of this lot: \_\_\_\_\_

**Describe provisions of Zoning Ordinance involved in your appeal or request:**

\_\_\_\_\_  
\_\_\_\_\_

**Petitioner wishes to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State

\_\_\_\_\_  
Telephone Number

A filing fee of \$20.00 payable to the Area Plan Commission will need to be sent in with your application. Cash or check only.

APC, P.O. Box 314, Newport, IN 47966

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