

STATE OF INDIANA)
COUNTY OF LAKE)

DATE: _____
FEE: _____
RECEIPT #: _____

TO: LAKE COUNTY PLAN COMMISSION, 2293 N. MAIN STREET, CROWN POINT, IN 46307

APPLICATION FOR SPECIAL EXCEPTION

ADDRESS OF PROPERTY OR GENERAL LOCATION: _____

(Attach complete legal description – copy of deed or survey required)

CURRENT ZONING: _____ REQUEST TO: _____

PROPOSED USE: _____

AREA OF GROUND: _____ ACRES: _____

Submit with this application several photographs (optional) of your property and the property surrounding it. Also submit a plat showing the property in question and proposed use, location of buildings and setbacks, parking area, drainage pattern, septic field area (if on sanitary sewer, a letter from the jurisdiction serving property), and all required approvals from County Health, Highway, Surveyor's Office or any other agency deemed necessary for proper review of petition.

A LIST OF NAMES AND ADDRESSES (CERTIFIED BY A TITLE COMPANY, TOWNSHIP TAX ASSESSOR, OR COUNTY AUDITOR) MUST BE FURNISHED. THE LIST MUST INCLUDE ALL OWNERS OF LAND IMMEDIATELY ADJACENT TO, OR ACROSS ANY PUBLIC STREET OR ALLEY FROM SAID PROPERTY, AND ANY OTHER PROPERTY OWNERS THE BOARD DETERMINES WOULD BE AFFECTED.

PETITIONER: _____
(Please print)

OWNER: _____
(Please print)

ADDRESS: _____

ADDRESS: _____

_____ ZIP: _____

_____ ZIP: _____

PHONE: _____

PHONE: _____

BEING FIRST DULY SWORN UPON _____ OATH, DO HEREBY DECLARE THAT THE FACTS AND FIGURES SET FORTH IN THE ABOVE PETITION ARE TRUE TO (MY, OUR) INFORMATION AND BELIEF, AND THAT (I, WE) (AM, ARE) SUBMITTING SUCH FACTS AND FIGURES TO THE LAKE COUNTY PLAN COMMISSION FOR THE PURPOSE OF THIS REQUEST FOR THE ABOVE DESCRIBED REAL ESTATE.

SIGNATURE(S) OF PETITIONER(S)

SIGNATURE(S) OF OWNER(S)

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said county and state, personally appeared the above petitioner(s) and owners(s) and acknowledged the execution of the above and foregoing instrument to be _____ voluntary act and deed for the uses and purposes therein mentioned.

Dated this _____ day of _____, 20____.

MY COMMISSION EXPIRES: _____

NOTARY PUBLIC

