

**Town of Bargersville, Indiana
Board of Zoning Appeals
Appeal of an Administrative Decision**

Appeal of an Administrative Decision:

Applicant Information:

Name: _____

Address: _____
(number) (street) (city) (state) (zip)

Phone No.: _____ Fax No.: _____ Email Address: _____

Decision being Appealed:

On the following date _____, I was notified by the Planning Department that the following request was not permitted by the zoning ordinance:

Basis of Appeal:

The request is permitted by the zoning ordinance for the following reasons:

Supporting Information (please note the following which must be provided with this appeal):

- 7 copies of all materials submitted by the applicant upon which the Planning Department decision being appealed was made.
- 7 copies of the written decision of the Planning Department that is being appealed.

Applicant's Signature:

I understand that it is my responsibility to provide the information and evidence to show that the Planning Department decision is incorrect and the proposal complies with the requirements of the zoning ordinance. I understand that the appeal must be filed within 30 days of the decision that is alleged to have been in error. The information included in and with this application is completely true and correct to the best of my knowledge and belief.

(Applicant's Signature)

(Date)

(Applicant's Printed Name)