

# RENEWAL APPLICATION FOR NO CHANGES OR MINOR CHANGES

*Renewal applications will not be accepted unless the following first two items are included with your application. Please contact staff if requesting changes to the current approval.*

## Complete Application Requirements

- A Completed Application – Sections 1 through 4 must be completed and signatures on the second page
- Applicable filing fee (check payable to the Allen County Treasurer) \$ \_\_\_\_\_  
(If mailing application, please mail to the address below)
- Detailed Site Plan if requesting changes with this renewal application (please contact staff for a Site Plan Example supplement for specific inclusion information)
- Copy of most recent Recorded Deed with Legal Description if different from the last submission to staff

**\*\*\*This application will be placed on the next applicable public hearing agenda when all completed application requirements have been submitted.\*\*\***

## Section 1: Request

Request (specific description to include “renewal with no changes” or “renewal with the following changes to conditions of approval;” then please list the changes) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Most recent petition number from the Board of Zoning Appeals: \_\_\_\_\_

On-Site Septic:  Yes  No

## Section 2: Applicant

Applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## Section 3: Property Owner

Current Property Owner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

## Section 4: Applicant's Representative

Applicant's Representative \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

E-mail \_\_\_\_\_



**YOU ARE WELCOME TO SUPPLY COPIES OF ANY ADDITIONAL INFORMATION THAT  
MAY CLARIFY AND SUPPORT YOUR REQUEST OR IF ADDITIONAL SPACE IS NEEDED  
TO SUPPLEMENT THE ABOVE INFORMATION.**

I/We understand and agree, upon execution and submission of this application, that I/We agree to abide by all provisions of the City of Fort Wayne Zoning Ordinance or the Allen County Zoning Ordinances (whichever is applicable to the property), as well as all procedures and policies of the City of Fort Wayne Board of Zoning Appeals or the Allen County Board of Zoning Appeals. In addition, I/We acknowledge that if the zoning board approves my request that the board may impose certain conditions of approval and/or impose a written commitment as part of the zoning board's decision. I/We also acknowledge that, as the applicant, I have the burden of providing evidence showing compliance with the applicable legal criteria and, depending on the circumstances, the zoning board may or may not approve my request. I/We affirm that the above information is true and accurate and that if any information submitted by me/us is false or inaccurate, then zoning board may deny my request.

_____	_____	_____
(printed name of applicant)	(signature of applicant)	(date)

_____	_____	_____
(printed name of all current property owners)	(signature of all current property owners)	(date)

I/WE HEREBY AUTHORIZE AND CONSENT TO THE ON-SITE INSPECTION OF THE PROPERTY SUBJECT TO THIS ZONING APPLICATION BY THE DEPARTMENT OF PLANNING SERVICES FOR PURPOSES OF VERIFYING THE INFORMATION IN THIS APPLICATION AND FOR PURPOSES OF DETERMINING COMPLIANCE WITH THE APPLICABLE ZONING ORDINANCE.

_____	_____	_____
(printed name of applicant)	(signature of applicant)	(date)

_____	_____	_____
(printed name of all current property owners)	(signature of all current property owners)	(date)

*Office Use Only – Do Not Fill Out Information Below this Line*

Board of Zoning Appeals     Hearing Officer

AC Planning Jurisdiction     FW Planning Jurisdiction     \_\_\_\_\_ Planning Jurisdiction

**Payment Type:**     Cash     Check     Credit Card

**Check #/Credit Card Approval #/Cash Amount:** \_\_\_\_\_ **Receipt #:** \_\_\_\_\_

Historic District:  Yes     No    Floodplain:  Yes     No    AOD:  Yes    District: \_\_\_\_\_  No

Zoning: \_\_\_\_\_ Neighborhoods: \_\_\_\_\_

Received: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Petition No.: \_\_\_\_\_

