

SPECIAL USE APPLICATION

Special Use Applications will not be accepted unless the following four items are included with your application:

Complete Application Requirements

- A Completed Application – Sections 1 through 6 must be completed and signed
- Applicable filing fee (check payable to the Allen County Treasurer) \$ _____
(If mailing application, please mail to the address below)
- Detailed Site Plan (please see Site Plan Example supplement for specific inclusion information)
- Copy of most recent Recorded Deed with Legal Description

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

Section 1: Request

Request (Operation Description/Project) _____

Location _____ City _____ Zip _____
Renewal: Yes No If yes, most recent petition number _____
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 _____



**Section 5:
Legal Tests Questionnaire**

The Board of Zoning Appeals may consider special use/exception requests pursuant to IC 36-7-4-918.2. The Board must make a written determination that the request meets the four following criteria (described as legal tests) in order for the request to be approved. Please provide your responses for consideration by the Board and Hearing Officer in review of your application:

1. How the proposed use will not be unduly detrimental to the use, value, pattern of development, or growth of the surrounding area;

2. How the location, size, intensity, site design, and operation of the proposed use will be compatible with the immediate area;

3. Verify that adequate storm drainage, water, sanitary disposal, other utility, and transportation infrastructure either currently exists or will be provided to serve the proposed use;

4. How the proposed use will not be injurious to the public health, safety, or welfare of the community:

(Applies only to: Airstrip, Heliport, Arena, Recreation Facility or Use, Sanitary Landfill, Shooting Range, Solid Waste Transfer Station, Stadium/Racetrack, and Private Utility Facilities);

Please provide your responses for consideration by the Board, Hearing Officer, and Staff in review of your application. If any information request is not applicable, please write N/A (not applicable) next to the question:

1. Specific days and hours of operation, to include all days open and closed:

2. On-site staffing of the operation:

Number of full-time staff: _____ (including you) Number of part-time staff: _____



Section 6:
Operation Information

3. On-site signage (*please also note this information on the site plan*):
Freestanding Yes No **If yes, please provide:**
Number: _____ Dimensions: : _____(feet) Height: _____(feet)
Is the sign illuminated: Yes No **If yes please indicate lighting type below:**
(i.e. internal/external illumination, digital messaging): _____
Wall Mounted Yes No **If yes, please provide:**
Number: _____ Sign Dimensions: _____(feet)
Is this sign illuminated: Yes No **If yes please indicate lighting type below:**
(i.e. internal/external illumination, digital messaging): _____
4. Exterior lights (*please also note this information on the site plan*):
Downward Directed Sharp Cut-Off Style Lighting is required per Zoning Ordinances
Building Mounted: Yes No
Freestanding Poles: Yes No **Freestanding Light Heights:** _____
Confirm Lights are Downward Directed and Sharp Cut-Off Style: Yes No
5. Exterior Storage (*please also note this information on the site plan*):
Items stored (to include all business related vehicles, trailers, trucks, materials and similar items):

Dimensions of storage area: _____ Maximum height : _____(feet)
Hours and days these items are located here: _____
6. Parking, and related on-site exterior storage operational paths surface material(s)
(*please also note this information on the site plan*):

7. Exterior waste receptacle: Yes No N/A
• **If yes, please provide type and location on the site plan**
8. Landscaping and screening materials of parking, exterior storage, and waste receptacles (*please note this information on the site plan and provide more details if necessary below*):

9. Hazardous material use: Yes No N/A
• **If yes, please provide materials and the method of disposal:**

10. Describe the noise level of your business during an average operation week:

11. Square footage of interior business operation (if operation will be in a portion of building, provide an interior building floorplan showing business operation area and overall building size):

12. Estimated time for new construction or beginning operation:

Section 6:
Operation Information Continued



13. Is this property subject to:

Deed restrictions and/ or covenants: Yes No

An active neighborhood association: Yes No

• If yes, does this operation conflict with any of these: Yes No

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.: _____

