

Spencer County Plan Commission  
200 Main St. RM 12  
Rockport, Indiana 47635  
Telephone 649-6010  
Fax 649-6481

**INSTRUCTIONS FOR PREPARING APPLICATION FOR A  
SPECIAL EXCEPTION PERMIT**

The following information must be filed with the Application:

1. Notice of Public Hearing: A public hearing prescribed by law requires legal advertisement in a newspaper of general circulation in the City or County at least ten days prior to the date of hearing. The applicant shall assume the cost of this advertisement and Hearing which is a fee of \$100.00 payable to the Spencer County Plan Commission.
2. The applicant shall furnish the Board of Zoning Appeals a list of adjoining property owners along with their last known address and of all utilities within the permit area.
3. A plat showing the area in this application and the abutting parcels and the zoning of all parcels.
4. A plot drawn to scale, if possible, and submitted in duplicate showing lot and parcel lines, existing structures, proposed locations of other structures, right-of-way lines of streets and alleys and other pertinent right-of-ways, and indicating thereon the Special Exception applied for in this application.
5. Plans for proposed structures, including floor plans and elevations.
6. If the applicant is not the owner of the affected property, the owner's notarized written permission must be submitted to the Board of Appeals.
7. Additional information as may be required by the Board.

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Permit Fee \_\_\_\_\_

Receipt No.: \_\_\_\_\_

APPLICATION FOR A SPECIAL EXCEPTION PERMIT

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Land Owner: \_\_\_\_\_ Address \_\_\_\_\_

Description of Land: \_\_\_\_\_

County Road or Street No.: \_\_\_\_\_

Other Land Marks or Descriptions: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Attach all exhibits and information required by the Spencer County Zoning Ordinance.

Detailed Statement of Special Exception applied for:

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

The above information and attached exhibits, to my knowledge and belief, are true and correct.

State of Indiana )

) SS:

County of \_\_\_\_\_ )

\_\_\_\_\_  
APPLICANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

My Commission Expires: \_\_\_\_\_ .

\_\_\_\_\_  
Notary Public

