

Wells County Area Plan Commission

223 W. Washington St. Bluffton, IN 46714

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Requirements for Filing an Appeal of an Administrative Decision

Filing and Meeting dates are available at the Area Plan Commission Office and the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

Copies of the Wells County Zoning Ordinance and Wells County Subdivision Control Ordinance are available for purchase at the Wells County Area Plan Commission Office or may be viewed and printed online at the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

1) FILING

- a. This petition to Appeal an Administrative Decision will be heard at the next available public meeting of the Wells County Board of Zoning Appeals.

2) FEES

- a. Filing Fee \$10.00 (payable to the Wells County Area Plan Commission)

3) Filing

- a. Filled Out and Signed Petition and Findings of Fact and Ruling Document

* All Fees Are Not Refundable

* As A Petitioner You Are Responsible For Reviewing The Wells County Zoning Ordinance And Subdivision Control Ordinance Requirements For Your Appeal. The Area Plan Commission Office Staff Will Be Available To Answer Any Questions You May Have.

* A COMPLETE FILING DOES NOT GUARANTEE APPROVAL.

Wells County Board of Zoning Appeals
Appeal of an Administrative Decision
Filing Form and Findings of Fact and Ruling Document

Filing Form

Appellant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail: _____

Findings of Fact and Ruling Document

PETITION FOR APPEAL OF AN ADMINISTRATIVE DECISION: _____
(To Be Filled Out By the Area Plan Commission Office)

APPELLANT: _____
(Name of the Appeler)

LOCATED AT: _____
(Address or Adjoining Street Names "Ex: 100 N between 300 E and 400 E")

DESCRIPTION: _____
(Brief Legal Description of the appeal property "Ex: 40 A in the NE ¼ of S12T25NR12E")

CURRENT ZONING CLASSIFICATION: _____
(Use www.wellscountygis.org or contact the Plan Commission Office for Information)

PROPOSED APPEAL "Petition": _____
(Brief Description of the Appeal)

PRINT DATE: _____
(Date the document was filled out)

APPEAL REASON: _____

To Be Filled Out By the Petitioner or Petitioner's Agent
To Be Filled Out By the Petitioner

Signature Date Signature Date

Signature Date Signature Date

To Be Filled Out By the Petitioner
To Be Filled Out By the Area Plan Commission Office

Comes now the Wells County Board of Zoning Appeals and in support of granting _____
Petition for an Appeal of an Administrative decision makes the above Findings of Fact, to wit:

_____ filed a Petition for an Appeal of an Administrative decision as to the
following described real estate located in _____ Township, Wells County, Indiana; more particularly
described on Exhibit A attached hereto.

Notice of the scheduled _____ public hearing on the Petition was duly published in accordance
with I.C. 5-3-1 more than ten (10) days prior to the public hearing.

On _____, the Wells County Board of Zoning Appeals conducted a public hearing on the Petition in
accordance with the Rules of Procedure of the Wells County Board of Zoning Appeals and the above evidence was
heard.

Wherefore, based upon the above findings of fact and upon the Motion of _____, duly seconded
by _____, the Petition for an Appeal of an Administrative Decision by
_____ is hereby granted by a vote of _____ in favor and _____ opposed.

Board of Zoning Appeals President

Board of Zoning Appeals Secretary