

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

**INSTRUCTIONS FOR PREPARING APPLICATION FOR A  
CONTINGENT USE 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 Advisory Plan Commission.
2. The applicant shall furnish the Board of Zoning Appeals a list of adjoining property owners along with their last known addresses.
3. 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 Contingent Use applied for in this application.
4. Plans for proposed structures, including floor plans and elevations.
5. If the applicant is not the owner of the affected property, the owner's notarized written permission must be submitted to the Board of Zoning Appeals.
6. Additional information as may be required by the Board during the time of the hearing.

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APPLICATION FOR A CONTINGENT USE PERMIT

PART II GENERAL PROVISIONS  
SECTION 2.10 CONTINGENT USES (ALL DISTRICTS)  
SPENCER COUNTY BOARD OF ZONING APPEALS

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

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

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

Premises Affected: Lot No. \_\_\_\_\_ in \_\_\_\_\_

Addition. Street No. \_\_\_\_\_ in \_\_\_\_\_

Other description: \_\_\_\_\_

Date Lot of Record: \_\_\_\_\_ Zoning Classification \_\_\_\_\_

Detailed Statement of Contingent Use applied for:

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

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

State of Indiana )  
County of \_\_\_\_\_ ) SS: \_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
LAND OWNER

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

My Commission Expires: \_\_\_\_\_ . \_\_\_\_\_  
Notary Public

