



APPLICATION FOR SPECIAL ACCOMMODATION USE

Instructions to Applicant:

Answer each question completely. Please read the additional instructions provided on Page 2 of this application. Incomplete submittals will not be processed.

Township Use Only:

Date Received: _____

File No.: _____

Admin. Fee Paid: _____

Escrow Fee Paid: _____

1) Applicant:

Name: _____

Address: _____

City / State / Zip Code

Phone: (Office) _____ (Cell) _____

E-mail Address: _____

Interest in Development: _____

2) Other Parties of Interest (Title Holder, Contract Purchaser, Partners):

Name: _____

Address: _____

City / State / Zip Code

Phone: (Office) _____ (Cell) _____

E-mail Address: _____

Interest in Development: _____

3) Designer: (Registered Engineer, Architect, Surveyor, Landscape Architect or Planner)

E-mail Address: _____

4) General Property Information and Description:

General Location: _____

Acreage: _____

Sidwell Number: _____

Legal Description: _____

(Attach metes and bounds description where applicable.)

Site Plan Attached: Yes _____ No _____

5) Current Zoning: _____

6) Purpose & Intended Use: _____

7) Signature:

I, the undersigned, state that the foregoing answers herein contained and the information herewith submitted are in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant

Date

Instructions to Applicant:

- 1) All applications must be accompanied by eight (8) ***folded*** copies of the site plan prepared in accordance with Article 9, Section 9.09 of the Zoning Ordinance. The required Public Hearing will be scheduled for the next available date.
- 2) A guide to site plan review procedures is available on our website @ <https://www.indtwp.com/>. Click on the Final Zoning Ordinance (Article 9).