

Application Number _____

Date _____

BOARD OF ZONING APPEALS
WARREN COUNTY, INDIANA

SPECIAL EXCEPTION

An application to the Board of Zoning Appeals is hereby made in order to:

Location _____

Zoning Classification _____

Amount _____

Fee Paid _____

Applicant

Address

Phone Number

Owner (if not Applicant)

Address

Phone Number

Executive Director
Board of Zoning Appeals
(765) 762-6311