Wells County Area Plan Commission

Requirements for a Special Exception

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) FEES
 - a. Filing Fee: \$125.00 (Payable to Area Plan Commission)
 (Filing fee set forth by the Wells County APC Fee Schedule)
 - b. Sign Fee: \$15.00 (Payable to Area Plan Commission)(Public advertisement sign required by BZA Rules of Procedure)
 - c. Legal Add: \$50.00 (Payable to Area Plan Commission) (Legal advertisement required by IC 5-3-1)
- 2) Filing
 - a. Filled Out and Signed Petition
 - b. Current Deed for the affected property
 - c. One (1) letter or legal sized site plan drawn to scale.
 - d. Status of any applicable permits from other regulatory agencies
 - e. Copy of Notice of Agriculture Activity Form (if property is zoned A-1 or A-R)
 - f. If petition is not signed by legal owner(s) then applicable Power of Attorney, Trust documents, and/or death certificate(s) are required.
- 3) APPEAL PERIOD: 30 DAYS

(State required appeal period set forth in IC 36-7-4)

- * 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 Petition. The Area Plan Commission Office Staff Will Be Available To Answer Any Questions You May Have.
- * A COMPLETE FILING DOES NOT GUARANTEE APPROVAL. (THE FILING MUST MEET THE APPLICABLE REQUIREMENTS OF THE WELLS COUNTY ZONING AND SUBDIVISION CONTROL ORDINANCE TO BE APPROVED.)

Special Exception Petition

PETITION FOR SPECIAL EXCEPTION APPROVAL: (APC OFFICE)				
Owner of Real Estate (Petitioner):				
Address:	City:	State:	Zip:	
Phone #:	E-Mail:			
Property Location:				
Property Description:				
Proposed Special Exception: _				
Current Zoning Classification:				
Comes now the Board of Zoni Special Exception makes the f			ner's" Petition for	
"Petitioner" filed a Petition fo located inTo Exhibit A attached hereto.	•	_		
The sign as required by the Bo the Rules of Procedure of the Board of Zoning Appeals hear	Board of Zoning Appeals m	• •		
On, the Petition in accordance with the following evidence was heard		· · · · · · · · · · · · · · · · · · ·	_	

(Petitioner or Petitioner's Agent shall verify and explain why the petition meets each of the requirements listed below)

(Yes means Approved and No means Denied)

8-08 REQUIREMENTS:

	pecial Exception shall meet the project specific requirements as listed in the Wells y Zoning and Floodplain Management Ordinance.
•	Does The Petition Meet the Requirement? (YES or NO)
	Explain
J.	Explain
(A) TEL C	
-	becial Exception shall not be injurious to the public health, safety, comfort, morals,
	nience, or general welfare of the community.
	Does The Petition Meet the Requirement? (YES or NO)
b.	Explain
(3) The Sp	pecial Exception shall not injure or adversely affect the use or value of other property
in the i	immediate area in a substantially adverse manner.
a.	Does The Petition Meet the Requirement? (YES or NO)
b.	Explain
	r ·
(4) The C.	
	pecial Exception shall be consistent with the general character of the zoning district,
	ses authorized therein, the spirit of the Wells County Zoning and Floodplain
	gement Ordinance and the Wells County Comprehensive Plan.
	Does The Petition Meet the Requirement? (YES or NO)
b.	Explain

(If the petition is approved the special exception shall have commenced within twelve (12) months and must be completed within twenty-four (24) months.

Signature Signature Date Date Signature Signature Date Date (This petition must be signed by 50% of the owners/sellers. If the power of attorney or the trustee is filing this petition then the proper paperwork shall be submitted proving their title to the Area Plan Commission) (Filled Out By APC Office) Conditions or Commitments: _____ Wherefore, based upon the above findings of fact and upon the Motion of ______ duly seconded by ______, the Petition for a Special Exception by "Petitioner" is hereby granted by a vote of ______in favor and _____opposed. Granted this _____day of ______, _____. Board of Zoning President

PETITIONER'S SIGNATURE:

Board of Zoning Appeals Secretary

NOTICE OF AGRICULTURAL ACTIVITY

TO: ALL PETITIONERS IN AGRICULTURAL ZONED AREAS OF WELLS COUNTY, INDIANA

This notice is given to you because of your petition to move into an area of **Wells** County that is zoned for Agriculture.

The purpose of this notice is to assure you are aware that all agricultural operations are allowed in this area.

Agricultural activity may include, but is not limited to, grazing of livestock, confined feeding of livestock, application of animal manure to land, application of herbicides and pesticides to fields and growing crops, creation of dust from field operations and noise from livestock and machinery operations which includes the drying and transportation of grain, sometimes with machinery that has a "Slow Moving Vehicle" emblem on it, meaning it is traveling at 25 mph or less.

People who choose to live in these areas must understand that agricultural operations may be occurring nearby.

You must also understand that Indiana has a "RIGHT TO FARM" law that protects farm operations from unwarranted nuisance suits by neighbors who move next to an existing farm operation. Farm operations do not constitute a nuisance so long as they are not negligently maintained, do not endanger human health and do not cause bodily injury to third parties.

By signing this notice form you verify that you have received it, read it and understand it. You are not giving up the right to seek redress for negligence by individuals associated with a farm operation or by other residents of the area.

l,	CERTIFY THAT I HAVE RECEIVED THIS NOTICE. I HAVE
READ IT AND I UNDERSTAND IT.	
Printed Name	_
Date	