



BROWN COUNTY GOVERNMENT Plan Commission

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[www.browncounty-](http://www.browncounty-in.gov)

BOARD OF ZONING APPEALS SPECIAL EXCEPTION for a MEDICAL NECESSITY APPLICATION CHECKLIST

Applications for a special exception must include all the required items on the list below.

Applications that do not include all the required items are incomplete and will NOT be docketed.

Complete applications must be submitted by 2:30 p.m. of the submission deadline day.

Complete applications and all checklist items must be delivered in person.

_____ **Application** form signed by all owners of the property

_____ Filing **fee** (\$125.00) – due on docket date

_____ Copy of the most recently recorded **deed** (*Provided by the Recorder's Office*)

_____ **Legal description** of property on which Special Exception is proposed if it is different from the legal description in deed

_____ Names and addresses of all **property owners within 600 feet** of the your property Lines (*Provided by the Plan Commission office*). It is highly recommended the applicant review the **public terminal** (located in the Recorder or Treasure's Office) to confirm current owner information. The Plan Commission office is not responsible for incorrect addresses or property owners. Please see Procedure to file for Hearing handout for information about mailing certified letters.

_____ Copy of the **plat map** for the general area (*available from Surveyor or Plan Commission Office*)

_____ A written **statement of your request**

_____ **Site plan**(drawn to scale, in ink on 8 ½" x 11" or 8 ½ " x 14" paper) a drawing containing the following information: (this drawing will be distributed to the BZA members and the public, so please submit a drawing that is legible and accurate.)

_____ Location, dimensions, and size of the property

_____ Location and size of all existing buildings, ponds, structures, and signs on the land and those proposed by petitioner

_____ Location and size of all entrances to and exits from the land, and all adjacent streets and highways and developments

_____ Flood Plain District

_____ Landscape plans are required for private recreational developments, airports, heliports, hospitals, industrial parks, manufactured housing parks, RV parks, penal and correctional institutions, and public utility substations

_____ **Driveway permit** or state highway drive permit, when applicable

_____ Documentation of adequate **electricity; sewage, and water** for the site

_____ Physician's statement for Special Exception applications for an "Additional Residential Structure for **Medical Necessity**"

_____ **Dwelling in Flood Fringe: Elevations** of actual grade at site, and One Hundred Year Elevation

Applicants should be ready to address the following at the Public Hearing

1. Does Section 3.1 or 3.9 of the Zoning Ordinance authorize a special exception for this use in the district in which the property is located? (Check with the Plan Office before you file for the special exception.)
2. Will the requirements for special exceptions prescribed by the Brown County Zoning Ordinance be met? (Check with Plan Office before you file for the special exception.)
3. Will granting the exception subvert the general purposes served by this ordinance and materially and permanently injure other property or uses in the same district and vicinity? (Describe how it affects the neighbors and why it will not conflict with intent of the zoning ordinance)

Please Note

If the Board grants a Special Exception, the Petitioner must meet all conditions stipulated by the Board. Once these conditions have been met, Petitioner must contact the Plan Office for a Certificate of Zoning Compliance.
The Special Exception is not authorized until this certificate is issued.