

## Planning & Zoning Department



### APPEALS AND RECONSIDERATION

Appeals and reconsideration provide the remedy of appeal from and requests for reconsideration of final decisions made by the Administrator, PZC, BoCC, or other County official. An applicant or affected person may avail themselves of these administrative remedies in accordance with section 4-16 of the LDC. An appeal of a decision will be reviewed by the PZC or BoCC (specified in table in section 4-1-1-). Appeals and requests for reconsideration must be filed with the Administrator within 14 calendar days of the date of a written decision. Any applicant or affected person seeking judicial review of a written decision must first request reconsideration of the final decision.

#### For Office Use Only

Fees Paid

☐ Check # \_\_\_\_\_ ☐ Credit Card ☐ Cash \_\_\_\_\_

Fees are non-refundable.

Requirement for Submittal: Ensure all requirements are included. *Incomplete applications will not be put on hold.* Incomplete and partial applications will be returned to applicant.

#### SECTION I: PERSONAL AND PROPERTY RELATED DATA

##### Applicant Info:

Applicant Name: Brian Fraiz

Email: brianfraiz@gmail.com Phone: (317) 213-3604

Primary Contact (if not applicant): \_\_\_\_\_

##### Appeal/Request Info:

Topic of Final Decision: Wetland Variance

Decision made by: ☐ PZC ☒ BoCC ☐ Planning Administrator ☐ Other County official

Short Summary of Appeal/Request: Fraizes are seeking a reconsideration of the denial of a wetland variance due to undue hardship and an inability to meet the required 50 foot setback from wetland.



I, the undersigned, have reviewed the attached information and found it to be correct. I also understand that the items listed below are required for my application to be considered complete and reviewed by the Planning Administrator and scheduled for public hearing.

Applicant Signature: *Bin Frij* Date: 06/09/25

I, the undersigned, am the owner of the referenced property and do hereby give my permission to to be my agent and represent me in the matters of this application. I have read the attached information regarding the application and properly find it to be correct.

Owner Signature: *Bin Frij* Date: 06/09/25

Checklist

All items need digital copies as well as paper copies.

- ☐ A notice of appeal or request for reconsideration must be filed on a complete application form provided by the Department.
- ☐ The application must include a narrative description of the basis for the appeal or request for reconsideration, including the specific deficiencies of the decision alleged by the applicant or affected person.

SECTION III: PLANNING ADMINISTRATOR/DESIGNEE REVIEW/ACTION

Application is submitted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Application is deemed complete and accepted on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

