



CITY OF MARION
 PLANNING DEPARTMENT
 301 S. Branson Street, Marion, IN 46952
 765/651-4296 • Fax: 765/651-4298

**DEVELOPMENT STANDARDS
 VARIANCE APPLICATION**

(From the Requirements of the Master Plan and Zoning Ordinance, IC #36-7-4-918.5)

Docket Number: _____

Hearing Date: _____

1. APPLICANT INFORMATION

Name: _____

Address: _____

Telephone: _____ Fax: _____

Contact Person: _____

**2. OWNER OF PROPERTY WHERE
 VARIANCE IS BEING REQUESTED**

Name: _____

Address: _____

Telephone: _____

Fax: _____

Contact Person: _____

3. PROPERTY INFORMATION

Location: _____
 Street Address

_____ Lot # _____ Subdivision

Land Use: _____

Zoning: _____

●●● *Legal Description Must Be Attached* ●●●

4. FULL STATEMENT OF VARIANCE REQUEST AS APPLIED FOR UNDER THE REQUIREMENTS OF THE MASTER PLAN AND ZONING ORDINANCE, AS PER IC #36-7-4-918.5

5. CERTIFICATION

I hereby certify that I have the authority to make the above application, that the information, to my knowledge and belief, is true and correct.

 Signature of Property Owner

 Signature of Applicant

STATE OF INDIANA, COUNTY OF HAMILTON, SS:
 The information contained herein has been duly subscribed and sworn to me this _____ day of

_____ 20 ____.

 Notary Public

 Printed Name

My Commission Expires: _____

DEVELOPMENT STANDARD VARIANCE FINDINGS OF FACT

[1] The approval of this variance WILL NOT be injurious to the public health, safety, morals, and general welfare of the community because:

[2] The use and value of the area adjacent to the property included in the variance WILL NOT be affected in a substantially adverse manner because:

[3] The strict application of the terms of the Zoning Ordinance to the property will result in practical difficulties in the use of the property because:

DECISION OF THE BOARD

IT IS THEREFORE the decision of the Marion Board of Zoning Appeals that the variance request and application for Docket _____, as filed by _____, is hereby _____ on the basis of staff recommendation and so stated by these findings, for the minutes in - and incorporated herein by reference.

ADOPTED THIS ___ DAY OF _____ 20__.

Board Chairman

Board Vice-Chairman

Board Secretary

Board Member

Board Member

Board Member



PUBLIC VARIANCE PROCEDURE HANDOUT: _____ - V- _____

IMPORTANT DATES:

-Application Filing Date- _____

Land Use Variance

-BZA Public Hearing- _____

Development Standards Variance

(Generally the 2nd Tuesday of the month)

DATE: _____ 1) Original Variance Application (filed **21** days prior to next Board of Zoning Appeals meeting) including:

- \$50.00 fee
- Legal description
- Proof of ownership/or owner's signature
- Reason for variance- (see FINDINGS below and on Variance Application)

DATE: _____ 2) Noticing of the public and affected property owners (**10** days prior to hearing):

- Mail notices by certified mail
- Post sign (return with photo and sign affidavit)
- Will be printed in Chronicle Tribune (sent to print 13 days prior to hearing)

DATE: _____ 3) Staff will introduce case and applicant at Board of Zoning Appeals

DATE: _____ 4) Applicant will present at hearing and answer questions of the Board and public

DATE: _____ 5) Board of Zoning Appeals may decide to do either of the following:

- Approve
- Approve with set conditions
- Continue with need of more discussion or information
- Deny

VARIANCE FINDINGS:

1. The approval of this variance WILL NOT be injurious to the public health, safety, morals, and general welfare of the community because:

2. The use and value of the area adjacent to the property included in the variance WILL NOT be affected in a substantially adverse manner because:

3. The strict application of the terms of the Zoning Ordinance WILL result in practical difficulties in the use of the property because:

Land Use Variances - also answer the following:

4. The need for the variance arises from some condition peculiar to the property because:

5. The approval of this variance does not interfere substantially with the comprehensive plan because: