



OWEN COUNTY BOARD OF ZONING APPEALS

**86 E Market St
Spencer, Indiana 47460
(812) 829-5033**

INSTRUCTIONS

Fill out the Application for Variance in its entirety. Information regarding the property can be verified in the Auditor's or Recorder's office. After preparation of the application return the application to the Building Department at least 30, days prior to the next regularly scheduled meeting of the Board of Zoning Appeals.

Variance Request # _____

OWEN COUNTY BOARD OF ZONING APPEALS VARIANCE APPLICATION

This application must be submitted with the required application fee. All fees are non-refundable regardless of the outcome of the request.

Has any construction started on the project which is the subject of this variance? ☐ YES ☐ NO

Has a stop work order been issued by the Owen County Building Department for the project that is the subject of this variance? ☐ YES ☐ NO

APPLICANTS

Name:

Address:

City:

State:

Zip Code:

Telephone #:

FAX #:

Email:

OWNERS AS SHOWN ON COUNTY TAX RECORDS

Name:

Address:

City

State:

Zip Code:

Telephone #:

FAX #:

Email:

PROPERTY INFORMATION

Property Address:

Parcel#

Lot Size/Acreage:

Zoning Classification:

Current use of premises:

Proposed use of premises:

Is this property located in a subdivision? ☐ YES ☐ NO

This application is to vary from the terms of Chapter Section of the Owen County Zoning and Subdivision Control Ordinance by allowing the following:

Is the variance request for a

☐ Use Variance

☐ Design Variance

IF APPLYING FOR A *USE VARIANCE* FILL OUT THE SECTIONS BELOW

I understand that the zoning ordinance does not permit the above change to this property and that in order for this variance to be granted, the request must satisfy all the criteria contained in Chapter 16 section 16.5. I submit the following grounds for a variance in this case:

The approval will not be injurious to the public health, safety, morals, and general welfare of the community because:

The use and value of the area adjacent to the property included in this variance will not be affected in a substantially adverse manner because:

The need for a variance arises from some condition peculiar to the property involved, and that condition is:

The strict application of the terms of the Zoning Ordinance will constitute an unnecessary hardship if applied to the property for which the variance is sought because:

The approval does not interfere substantially with the Comprehensive Plan because:

IF APPLYING FOR A *DESIGN VARIANCE* FILL OUT THE SECTIONS BELOW

I understand that the zoning ordinance does not permit the above change to this property and that in order for this variance to be granted, the request must satisfy all the criteria contained in Chapter 16 section 16.6. I submit the following grounds for a variance in this case:

The approval will not be injurious to the public health, safety, morals, and general welfare of the community because:

The use and value of the area adjacent to the property included in this variance will not be affected in a substantially adverse manner because:

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

I swear or affirm under the penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief.

Applicant Signature

Date

I authorize this application and authorize the Plan Commission, its staff, and such other persons as the staff may deem appropriate to enter upon the property involved in this request for the purpose of analyzing this request.

Owner Signature

Date

Owner Signature

Date

*The following documentation is to be supplied at the time of submission of the variance application:

- ☐ Deed
- ☐ Site Plan (must include any property improvements, septic placement, set backs, and any other intended uses)
- ☐ List of adjacent landowners and their mailing addresses within 660 ft of parcel boundaries
- ☐ Authorization of Owner, if not fee simple owner
- ☐ Copy of Restrictive Covenants if property is in subdivision
- ☐ Application Fee (Non-refundable)

OFFICE USE ONLY

Health Board Approval? ☐ YES ☐ NO

Recommendations or Requirements:

Initial on-site inspection complete? ☐ YES ☐ NO By Whom: _____

Recommendations or Requirements:

Notarized Authorization of Owner

NOTARIZED AUTHORIZATION OF OWNER

I/We _____, as the sole or joint fee simple title
(owner's name)

holder(s) of the property described as _____
(Legal Description or Parcel Number)

Authorize _____ to act as my agent to see a
(Applicant's Name)

Use or Design (circle one) variance on the above referenced property.

My application will be heard at a public hearing on the _____ day of _____, 20_____ at _____:_____ o'clock a.m./ p.m., before the Board of Zoning Appeals unless continued or rescheduled.

Owners Signature

Owners Signature

STATE OF _____)
) SS:
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared the within named _____ and acknowledged the execution of the foregoing, for the uses and purposes therein contained.

WITNESS my hand and Notarial Seal this _____ day of _____, 20__.

_____, Notary Public
Resident of _____ County, Indiana

My Commission Expires: