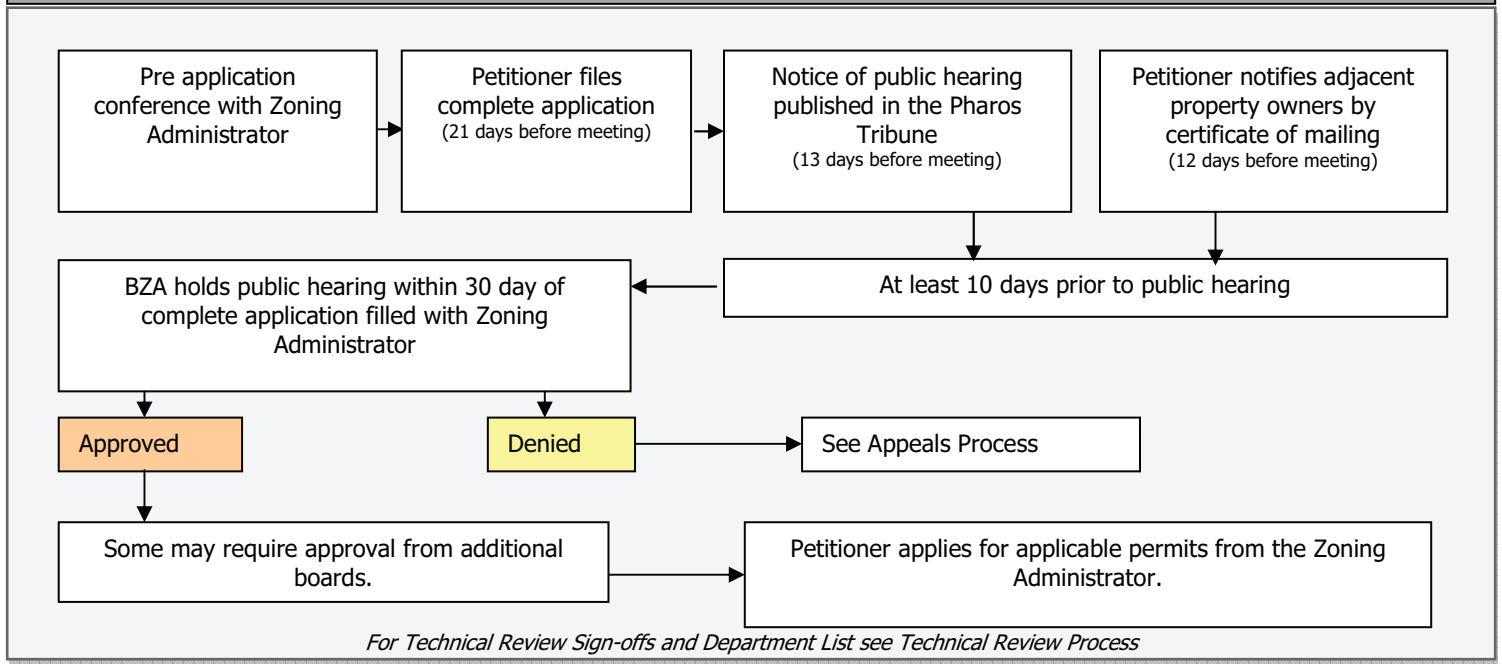


BOARD OF ZONING APPEALS PROCESS



Filing: Following materials must be included:

- Complete Application
- Warranty or Quit Claim deed from Recorder's Office (1st Floor County Building)
- Agent Authorization Letter and/or Owner Affidavit, signed and notarized (if different than applicant)
- Site Plan and/or Survey showing:
 - Property lines
 - North arrow
 - Scale
 - Dimensions of setbacks, building, parking areas, etc.
- Supporting material including, but not limited to:
 - Lighting plan
 - Landscaping plan
 - Proposed building elevation and/or construction plan

The Zoning Administrator will assign a case number to applicants when a completed application has been submitted and all filing fees have been paid (Fees are nonrefundable)

Cass County and Logansport

Use Variance	\$215	Special Exception	\$165
Variance from Developmental Standards	\$215	Appeals	\$ 50
Floodplain Variance	\$ 65		

- *Make checks payable to City of Logansport or Cass County Treasurer*

▪ **Walton**

Use Variance	\$ 165	Special Exception	\$ 115
Variance from Developmental Standards	\$ 165	Appeal	\$ 65
Floodplain Variance	\$ 65		

- *Make checks payable to the Town of Walton*

Public Notice:

Legal Notice

Planning Staff will prepare and publish the legal notice in the Pharos Tribune, but invoice will be paid by the applicant

Interested Parties

Planning Staff will provide a list of interested parties that must be notified by certificate of mailing post marked 12 days before the hearing date. Interested parties are all property owners within the following distance of the petition site:

Logansport and Walton – 100 feet as well as adjacent and adjoining properties
Cass County – 300 feet as well as adjacent and adjoining properties

Submittals to Zoning Administrator the FRIDAY before the Hearing:

Proof of notification to all interested parties:

- Certificate of mailing receipt

Proof of publication to the Pharos Tribune

- Affidavit showing that the notice has been published in the paper

Representation at Public Hearing:

You or your legal representative must be present for your petition to be heard before the BZA during the public hearing.

Logansport: 3rd Monday of the Month at 4:00pm in the City Council Chambers, 3rd Floor, Logansport City Building located at 601 East Broadway, Logansport.

Cass County: 4th Monday of the Month at 6:00pm in the County Commissioners, 2nd Floor, Cass County Government Building located at 200 Court Park, Logansport

Walton: 4th Wednesday of the Month at 7:00 pm in Walton Town Hall located at 100 Depot St., Walton

Special Exception

What is a Special Exception?

A Special Exception is a use which is allowable within a particular zoning district contingent upon approval from the Board of Zoning Appeals. Additional review is needed to ensure that the use does not adversely affect the public. In each case, careful consideration of the impact of the special use on neighboring land must be given, and the appropriateness of the Special Exception location must be determined.

Variance from Developmental Standards

What is a Variance from Developmental Standards?

A Variance from Developmental Standards is departure from any provisions of the zoning requirements for a specific parcel, except use, without changing the zoning ordinance or the underlying zoning of the parcel. This process assures that no property, because of special circumstances applicable to it, shall be deprived of privileges commonly enjoyed by other properties similarly located and zoned, only in specific instances where the application of the strict letter of the regulations of the zoning ordinance create practical difficulties for the specific property.

Use Variance

What is a Use Variance?

A use variance requires BZA approval of a particular use request by the applicant for use not currently permitted in the zoning district without changing the zoning ordinance or the underlying zoning of the parcel. A Use Variance is granted only upon demonstration of hardship based on the peculiarity of the property in relationship to other properties in the same zoning district.

Appeals

Appeals from Administrative Decisions within 5 days of the decision

According to IC 36-7-4-918.1, the BZA shall review appeals from any order, requirement, decision or determination made by

- A. an administrative official, hearing officer, or staff member under the zoning ordinance;
- B. an administrative board or other body (except a plan commission) in relation to the enforcement of the zoning ordinance; or
- C. an administrative board or other body (except a plan commission) in relation to the enforcement of an ordinance adopted under this chapter requiring the procurement of an improvement location or occupancy permit.

Appeals from BZA Decision

IC 36-7-4-1003 states each decision of the board of zoning appeals is subject to review by a higher court. Anyone who is unhappy with a board of zoning appeals decision may file with the court in Cass County within 30 days of the decision, a petition setting forth that the decision is illegal in whole or in part and specifying exactly what makes it illegal.

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:
File Number: _____
Date Application Filed: _____

**Application for USE VARIANCE
(Section 806)**

_____ Board of Zoning Appeals (BZA)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

APPLICANT INFORMATION

Applicant's Name: _____
Address: _____

Telephone Number: _____ E-Mail: _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____
Address: _____

Telephone Number: _____ E-Mail: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: _____
Address: _____

Telephone Number: _____ E-Mail: _____

Zoning Classification of Property: _____

Address or common description of property:

Legal description of property affected:

What are the extraordinary or peculiar conditions pertain to the requested property or building in question:

Standards of Zoning Ordinance requesting Use Variance from:

Please provide the following information to the best of your ability if it pertains to your petition to the BZA.

A. Lighting:

1. Style: _____
2. Height: _____
3. Location: _____

B. Signage:

1. Dimensions: _____
2. Materials: _____
3. Placement: _____
4. Lighting: _____

C. Hours of Operation:

D. Parking/Access:

Parking Classification (office use only) _____

E. Landscaping/Buffer yards:

Bufferyard Classification (office use only) _____

F. Number of Employees: _____

The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.

- A. Will the approval of this variance request be injurious to the public health, safety, morals, and the general welfare of the community?

Yes () No ()

- B. Will the use and value of the area adjacent to the property included in the variance request be affected in a substantially adverse manner if the petition is approved?

Yes () No ()

- C. Does the need for the variance request arise from some condition peculiar to the property involved, and not generally characteristic of other property in the same zoning district?

Yes () No ()

D. Will the strict application of the terms of the zoning ordinance result in an unnecessary hardship if applied to the property for which the variance is sought?

Yes () No ()

E. Will the approval of this variance request interfere substantially with the policies of the Comprehensive Plan?

Yes () No ()

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: _____
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS _____ DAY OF
_____, 20 ____ AT _____.

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:

File Number: _____

Date Application Filed: _____

**Application for SPECIAL EXCEPTION
(Section 805)**

_____ Board of Zoning Appeals (BZA)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Telephone Number: _____ E-Mail: _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____

Address: _____

Telephone Number: _____ E-Mail: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: _____

Address: _____

Telephone Number: _____ E-Mail: _____

Zoning Classification of Property: _____

Address or common description of property:

Legal description of property affected:

Describe the Use that you are requesting a Special Exception for:

Please provide the following information to the best of your ability if it pertains to your petition to the BZA.

A. Lighting:

1. Style: _____
2. Height: _____
3. Location: _____

B. Signage:

1. Dimensions: _____
2. Materials: _____
3. Placement: _____
4. Lighting: _____

C. Hours of Operation:

D. Parking/Access:

Parking Classification (office use only) _____

E. Landscaping/Buffer yards:

Bufferyard Classification (office use only) _____

F. Number of Employees: _____

The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.

- A. Does the proposed use involve any element or cause any condition that may be dangerous, injurious or noxious to any other property or persons?

Yes () No ()

- B. Does it comply with the performance standards of the Ordinance?

Yes () No ()

- C. Is the proposed use sited, oriented, and landscaped so that the relationship of its buildings and grounds to adjacent buildings and properties does not impair health, safety, or comfort, and does not adversely affect values of adjacent properties?

Yes () No ()

D. Does the proposed use produce a total environmental effect which is harmonious with, and not harmful to, the environment of the neighborhood?

Yes () No ()

E. Does the proposed use organize vehicular access and parking to minimize conflicting traffic movement of adjacent streets?

Yes () No ()

F. In the case of a change in non-conforming use, is the proposed use equally appropriate or more appropriate to the district than the existing or former non-conforming use?

Yes () No ()

G. Does the proposed use promote the objectives of this Ordinance and the Comprehensive Plan?

Yes () No ()

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: _____
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS _____ DAY OF
_____, 20 ____ AT _____.

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:
File Number: _____
Date Application Filed: _____

**Application for FLOODPLAIN VARIANCE
(Section 808)**

Board of Zoning Appeals (BZA)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

APPLICANT INFORMATION

APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Telephone Number: _____ E-Mail: _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____

Address: _____

Telephone Number: _____ E-Mail: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: _____

Address: _____

Telephone Number: _____ E-Mail: _____

Zoning Classification of Property: _____

Address or common description of property:

Legal description of property affected:

Describe the Use that you are requesting a Special Exception for:

The Applicant must address the following questions and be able to establish reasons for each answer at the public hearing in order to obtain an accurate determination from the BZA.

A. Does there exist good and sufficient cause for the requested variance?

Yes () No ()

B. Does the strict application of the terms of the Ordinance constitute an exceptional hardship to the applicant?

Yes () No ()

C. Will the granting of the requested variance increase flood height, create additional threats to public safety, cause additional public expense, create nuisances, cause fraud or victimization of the public, or conflict with existing laws or ordinances?

Yes () No ()

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: _____
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS _____ DAY OF
_____, 20 ____ AT _____.

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:
File Number: _____
Date Application Filed: _____

**Application for ADMINISTRATIVE APPEAL
(Section 804)**

_____ Board of Zoning Appeals (BZA)

This application must be completed and filed with the Logansport/Cass County/Walton Planning Department in accordance with the meeting schedule.

APPLICANT INFORMATION

Applicant's Name: _____
Address: _____

Telephone Number: _____ E-Mail: _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____
Address: _____

Telephone Number: _____ E-Mail: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: _____
Address: _____

Telephone Number: _____ E-Mail: _____

Zoning Classification of Property: _____

Address or common description of property:

What order, requirement, decisions or determination is being appealed:

By my signature, I acknowledge the above information and attached exhibits, to my knowledge and belief, are true and correct.

Applicant's Signature: _____
(If signed by representative for applicant, state capacity)

REQUEST WILL BE PRESENTED TO THE BOARD THIS _____ DAY OF
_____, 20 ____ AT _____.

Consent of Property Owner

I (we) _____
NAMES(S)

After being first duly sworn, depose and say:

- That I/we are the owner(s) of the real estate located at:

- That I/we have read and examined the Application and are familiar with its contents.
- That I/we have no objection to and consent to such request set forth in the application.
- That such request being made by the application (____ is) (____ is not) a condition to the sale or lease of the above referenced property.

Signature

Printed

Date

STATE OF INDIANA (COUNTY OF _____) ss:

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE, PERSONALLY
APPEARED:

Property Owner

WHO ACKNOWLEDGED THE EXECUTION FOR THIS FOREGOING INSTRUMENT AS HIS/HER VOLUNTARY
ACT AND DEED FOR

WITNESS MY HAND AND NOTARY SEAL THIS _____ DAY OF _____, 20_____.

COUNTY OF RESIDENCE

(SEAL)

MY COMMISSION EXPIRES

Notary Public signature

Printed Name

Agent Authorization Letter

Date: _____

Board of Zoning Appeals
C/O: Cass County/Logansport/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947

RE: Board of Zoning Appeals Agent Authorization for Application

To Whom it May Concern:

Be advised that I am the lawful owner of the property described in the application attached. As the owner, I hereby authorize and empower _____ to act as agent to file application(s) to the Board of Zoning Appeals, answer all pertinent questions to the proposed project and act on my behalf for the Board of Zoning Appeals application(s).

Signature

Printed

Date

STATE OF INDIANA (COUNTY OF _____) ss:

BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, IN AND FOR THE COUNTY AND STATE, PERSONALLY APPEARED:

Property Owner

WHO ACKNOWLEDGED THE EXECUTION FOR THIS FOREGOING INSTRUMENT AS HIS/HER VOLUNTARY ACT AND DEED FOR

WITNESS MY HAND AND NOTARY SEAL THIS _____ DAY OF _____, 20____.

(SEAL)

COUNTY OF RESIDENCE

MY COMMISSION EXPIRES

Notary Public signature

Printed Name

"I, affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law."

Name: _____

Document prepared by: Chris Gaumer