

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 VARIANCE FROM DEVELOPMENTAL STANDARDS  
(Section 807)**

\_\_\_\_\_ **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:** \_\_\_\_\_

**OWNER INFORMATION (if different from applicant information)**

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**RESPESENTATIVE INFORMATION (if different from applicant information)**

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**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 Variance from Developmental Standards from:**

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**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 ( )

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- 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 ( )

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- C. Will the strict application of the terms of the Zoning Ordinance result in practical difficulties in the use of the property involved in the petition?

Yes ( ) No ( )

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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 \_\_\_\_\_.