Application for FLOODPLAIN VARIANCE  
(Appendix 3 Flood Hazard Ordinance)

________________________ 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  *ALL INFORMATION PROVIDED WILL BECOME PUBLIC RECORD

Applicant’s Name: ______________________________ ____________________________________
Address: __________________________________________________________
Telephone Number: __________________________ E-Mail: ________________________________

OWNER INFORMATION (if different from applicant information)

Owner’s Name: _____________________________________ _____________________________
Address: __________________________________________________________
Telephone Number: __________________________ E-Mail: ________________________________

REPRESENTATIVE 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 ______________________________.