

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  
(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: \_\_\_\_\_

**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 \_\_\_\_\_.