Application for USE VARIANCE
(Article 7)

________________________ 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:

____________________________________________________________________________
____________________________________________________________________________

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 ____________________________ .