Application for VARIANCE FROM DEVELOPMENTAL STANDARDS
(Article 7)

________________________ Architectural Review Committee (ARC)

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: ___________________________ Email: _________________________

OWNER INFORMATION (if different from applicant information)

Owner’s Name: _________________________________
Address: ___________________________________________________
Telephone Number: _________________________________

REPRESENTATIVE INFORMATION (if different from applicant information)

Representative: _________________________________________
Address: ________________________________________________
Telephone Number: ___________________________ Email: _________________________

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:

__________________________________________________

__________________________________________________

__________________________________________________

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 ARC.

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. 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 ( )

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 COMMITTEE THIS ___________ DAY OF ________________, 20 _____ AT ____________________________.