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 __________________________.