

CITY OF MARION ADVISORY PLAN COMMISSION 301 S. Branson Street, Marion, IN 46952 765/662-9931& Fax: 765/651-4298

DEVELOPMENT STANDARDS VARIANCE APPLICATION

(From the Requirements of the Master Plan and Zoning Ordinance, IC #36-7-4-918.5 Docket Number: Public Hearing Date/Time*_____

	*Attendance Required				
APPLICANT INFORMATION					
Name:					
Address:					
Telephone:	Fax:				
Contact Person:					
OWNER OF PROPERTY WHERE VARIANCE IS BEING REQUESTED	PROPERTY INFORMATION				
Name:	Location: Street Address				
Address:	Lot # Subdivision				
Telephone:	Land Use:				
Fax:	Zoning:				
Contact Person:					
	Legal Necrintian Must Re Attached				
4. FULL STATEMENT OF VARIANCE REQUEST AS APPLIED FOR UNDER THE REQUIREMENTS OF THE MASTER PLAN AND ZONING ORDINANCE, AS PER IC #36-7-4-918.5					
CERTIFICATION I hereby certify that I have the authority to make the above application, that the information, to my knowledge and belief, is true and correct.	STATE OF INDIANA, COUNTY OF GRANT, SS: The information contained herein has been duly subscribed and sworn to me this day of				
Signature of Property Owner	Notary Public Printed Name				
Signature of Applicant	My Commission Expires:				

DEVELOPMENT STANDARD VARIANCE FINDINGS OF FACT

[1]	The approval of this variance WILL NOT be injurious to the public health, safety, morals, and general welfare of the community because:				
[2]		the area adjacent to the prop tially adverse manner becaus	erty included in the variance WIL	L NOT be	
[3]			rdinance to the property will resu	ult in practical	
	difficulties in the use	e of the property because:			
		DECISION OF TH	IE BOARD		
	oplication for Docke	t, as filed I	of Zoning Appeals that the val by s hereby (-	
	ecommendation and by reference.	so stated by these finding	gs, for the minutes in - and inc	orporated	
ADOP	FED THIS_DAY OF _	20			
Board	Chairman	Board Vice-Chairman	Board Secretary		
Board	Member	Board Member	Board Member		