

Signature of Applicant

LAND USE VARIANCE APPLICATION

(From the Requirements of the Master Plan and Zoning Ordinance, as per IC #36-7-4-918.5

Docket Number:

Public Hearing Date/Time*____

My Commission Expires:

*Attendance Required

CITY of MARION	A
PLANNING DEPARTMENT 301 S. BRANSON ST., MARION, IN 46952 765.662.9931 FAX: 765.651.4298	
1. APPLICANT/REPRESENTATIVE INFORMATION IN	
Address:	
Telephone:	_ Fax:
Contact Person:	
2. OWNER OF PROPERTY WHERE VARIANCE IS BEING REQUESTED Name: Address: Telephone: Fax: Contact Person:	3. PROPERTY INFORMATION Location: Street Address Lot # Subdivision Land Use: Zoning:
4. FULL STATEMENT OF VARIANCE REQUEST AS THE MASTER PLAN AND ZONING ORDINANCE, AS	
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.	The information contained herein has been duly subscribed and sworn to me this day of Notary Public
Signature of Property Owner	Printed Name

BOARD OF ZONING APPEALS

LAND USE VARIANCE FINDINGS OF FACT

community because:	323	ic health, safety, morals, and general welfare of	the
The use and value of the a adverse manner because:	rea adjacent to the property include	d in the variance will not be affected in a substa	ntia
	he terms of the Zoning Ordinance to	the property will result in practical difficulties	in tl
	arises from some condition peculiar	to the property because:	
		with the comprehensive plan because:	g;
	DECISION OF THE I	BOARD	
THEREFORE the decision of the	of the Marion Board of Zoning Appe , is hereby eeting minutes of this board meeting	eals that the variance request and application fo , subject to any conditions and/or stip g, which are incorporated herein by reference a	r Do oula nd r
PTED THIS	DAY OF, 20		
Board Chairman	Board Vice- Chairman	Board Secretary	
Roard Member	Roard Member	Roard Member	