

Logansport/Cass County/Walton Planning Department
200 Court Park, Room 306
Logansport, IN 46947
Ph: 574-753-7775
Fax: 574-753-7401

FOR OFFICE USE ONLY:
File Number: _____
Date Application Filed: _____

**Application for USE VARIANCE
(Section 806)**

_____ 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

Applicant's Name: _____

Address: _____

Telephone Number: _____

OWNER INFORMATION (if different from applicant information)

Owner's Name: _____

Address: _____

Telephone Number: _____

RESPESENTATIVE INFORMATION (if different from applicant information)

Representative: _____

Address: _____

Telephone Number: _____

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 _____.