

BZA Application

This application is being submitted for (check all that apply):

- Special Exception Variance
 Variance of Use Use Classification
 Appeal

Applicant Info

For Office Use Only	
<i>File #</i>	<i>Fee</i>
<i>Filing</i>	<i>TAC</i>
<i>Hearing/Meeting</i>	
<input type="checkbox"/> <i>Approved</i>	<input type="checkbox"/> <i>Denied</i>
<input type="checkbox"/> <i>w/ conditions</i>	

Name	
Street Address	
City, State, Zip	
Primary Contact Person regarding this petition	
Phone	E-Mail
Other Contact Name	E-Mail

Property Owner

Name	
Street Address	
City, State, Zip	
Phone	E-Mail
Applicant is (circle one): Sole owner Joint Owner Tenant Agent Other (specify)	

Premises Affected

10-digit Parcel Number				
Actual/approximate address or location from major streets				
Subdivision			Lot Number(s)	
Total Acreage		Flood Zone on Site?		
Zoning of Subject Property		Use of Subject Property		
Proposed Land Use				
Zoning of Adjacent Properties	North:	South:	East:	West:
Land Use of Adjacent Properties	North:	South:	East:	West:

Notarization

The above information and attached exhibits, to my knowledge and belief, are true and correct.

Signature of Applicant				
Notary Public's Name (printed)		Signature of Notary		
My Commission Expires State County		Subscribed and sworn to before me this ____ day of _____, 20____.		

Attachment A: Consent of Property Owner

Complete and submit if applicant is different from property owner.

I (we)

NAME(S)

After being first duly sworn, depose and say:

- That I/we are the owner(s) of the real estate located at I (we)

ADDRESS

- That I/we have read and examined the Application and are familiar with its contents.
- That I/we have no objection to, and consent to such request as set forth in the application.
- That such request being made by the applicant (____ is) (____ is not) a condition to the sale or lease of the above referenced property.

(AFFIANT)

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, _____.

, Notary Public

My Commission expires: _____ County of Residence: _____

Attachment B: Notice for Newspapers

Attach: 1) Legal Description

Notice is hereby given that I have, as the owner (or with the owner's consent) of the property commonly described as the address of _____, and legally described by the attached legal description, have filed a petition before the Delphi Board of Zoning Appeals, which petition requests a/n

Special Exception Variance Variance of Use

for the said property in order to:

_____.

This petition, File # _____, will come for hearing at 7:00pm at the Delphi City Hall, 201 S Union St, Delphi, IN 46923 on _____, _____.

In accordance with the Americans With Disabilities Act, if anyone wishes to attend the public hearing on the above referenced matter and is in need of reasonable accommodation in order to hear, present evidence, or participate in the proceedings at the public hearing on this matter, please contact the Administrator so accommodation can be made. The petition and file on this matter is available for examination by contacting the Administrator at (317) 258-8046 or email at dluzier@grwinc.com. Comments regarding this petition may be submitted at any time. Information to be considered in the Staff Report and distributed to the BZA members in advance of the meeting must be received eight (8) days prior to the hearing and must be sent to dluzier@grwinc.com or City of Delphi BZA, 201 S Union St, Delphi, IN 46923.

Petitioner: _____

Attachment C: Notice for Property Owners

Include with the mailing: 1) Legal Description, 2) Site/Concept Plan, 3) Attachment D, E, F, G, or H

Notice is hereby given that I have, as the owner (or with the owner's consent) of the property commonly described as the address of _____, and legally described by the attached legal description, have filed a petition before the Delphi Board of Zoning Appeals, which petition requests a/n

Special Exception Variance Variance of Use

for the said property in order to:

_____.

This petition, File # _____, will come for hearing at 7:00pm at the Delphi City Hall, 201 S Union St, Delphi, IN 46923 on _____, _____.

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Petitioner: _____

Attachment D: Standards for Evaluating a Variance

Use the following form or attach a separate sheet(s) to explain the Variance request. Use a new sheet for each variance requested. The BZA's decision shall be based upon how each of the following statutory requirements is justified in the request.

Petition Information

Describe the proposed use of the property (type of use, hours of operation, access, necessary construction, employees, etc.):

Standards for Evaluation

1. The variance will not be injurious to the public health, safety, morals, and general welfare of the community because...

2. The use or value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner because...

3. The strict application of the terms of the ordinance will result in practical difficulties in the use of the property because...

Attachment E: Standards for Evaluating a Special Exception

Use the following form or attach a separate sheet(s) to explain the Special Exception request. The BZA's decision shall be based upon how each of the following statutory requirements is justified in the request.

Petition Information

Describe the proposed use of the property (type of use, hours of operation, access, necessary construction, employees, etc.):

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Standards for Evaluation

1. The establishment, maintenance, or operation of the Special Exception will not be detrimental to or endanger the public health, safety, morals, or general welfare because...
2. The Special Exception will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted because...
3. The establishment of the Special Exception will not impede or substantially alter the normal and orderly development and improvement of surrounding property for uses permitted in the zoning district because...
4. Adequate utilities, access road, drainage, and other necessary facilities have been or are being provided, such as...
5. Adequate measures have been or will be taken to provide entrance/exit to the property to minimize traffic congestion on the public roadways, and described as...
6. The special exception is permitted in and will be located in the _____ zoning district. I have reviewed all of the applicable development standards for this district and for this particular use. <input type="checkbox"/> YES - All of the standards will be met. <input type="checkbox"/> UNSURE – At this time, I am unsure if all of the standards will be met. Applicable variances may be requested under a separate application at a later date. <input type="checkbox"/> NO - the following standards cannot be met, and variances have been requested as part of this application:

Attachment F: Standards for Evaluating a Variance of Use

Use the following form or attach a separate sheet(s) to explain the Variance of Use request. The BZA's decision shall be based upon how each of the following statutory requirements is justified in the request.

Petition Information

Describe the proposed use of the property (type of use, hours of operation, access, necessary construction, employees, etc.):

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Standards for Evaluation

1. The approval of the Variance of Use will not be injurious to the public health, safety, morals, and general welfare of the community because...
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2. The use and value of the area adjacent to the property included in the Variance of Use will not be affected in a substantially adverse manner because...

3. The need for the Variance of Use arises from some condition peculiar to the property involved, and is more clearly described as...

4. The strict application of the terms of the Zoning Ordinance will constitute an unnecessary hardship if applied to the property for which the variance is sought, and is more clearly described as...

5. The Comprehensive Plan describes this area as...

The approval does not interfere substantially with the Comprehensive Plan because...

I have reviewed all of the applicable development standards for this district and for this particular use.

YES - All of the standards will be met.

UNSURE – At this time, I am unsure if all of the standards will be met. Applicable variances may be requested under a separate application at a later date.

NO - the following standards cannot be met, and variances have been requested as part of this application:

Attachment G: Standards for Classifying a Use

Use the following form or attach a separate sheet(s) to explain the Use to be classified. The BZA's decision shall be based upon how each of the following statutory requirements is justified in the request.

Petition Information

Describe the proposed use of the property (type of use, hours of operation, access, necessary construction, employees, etc.):

Standards for Evaluation

1. The subject use and its operations are compatible with the uses permitted in the district wherein it is proposed to be located, and are further described as...

2. The subject use is similar to one or more uses permitted in the district within which it is proposed to be located. The best example of a similar use is _____

and it is similar in the following ways...

3. The subject use will not cause substantial injury to the values of property in the neighborhood or district within which it is proposed to be located because...

4. The subject use will be designed, located, and operated to protect the public health, safety, and general welfare in the following ways...

Attachment H: Information for Appeal

Use the following form or attach a separate sheet(s) to explain the nature of the Appeal.

The BZA shall hear and determine appeals from and review any order, requirement, decision, or determination made by the Administrator in the enforcement of the UDO. In exercising its powers, the BZA may affirm (wholly or partly), reverse, or modify the order, requirement, decision, or determination appealed and to that end shall have all of the powers of the Administrator from whom the appeal is taken.

When an appeal has been filed, all proceedings, operation, and work on the premises concerned must stop, unless the official from whom the appeal was taken shall certify to the BZA that, by reason of facts stated in the certificate, a stay would cause imminent peril to life or property. In such case, proceedings or work shall not be stayed except by a restraining order, which may be granted by a circuit or superior court of the county in which the premises affected are situated, on notice to the office or board from whom the appeal is taken and the owner of the premises affected, and on due cause shown.

Petition Information

Itemize the subject of the appeal and identify ordinance citations where applicable:

Document/ Citation / Requirement	Administrator's Interpretation	Applicant's Position

Form 1: Affidavit of Notification

Submit this Form prior to the hearing along with proof of publication and proof of mailing.

I (we) _____

After being first duly sworn, depose and say:

- That I have notified in person or by First Class U.S. Mail all owners of property located within a 600-foot radius of my property located at _____.
- That the said property owners were informed by me of the filing of the petition and of the nature of said application, as directed in the application packet "Notifying the Public", which is part of the Rules and Procedures of the BZA as described;
- That the said property owners were notified that the BZA will hold a public hearing regarding this application on the date of _____, at 7:00pm; and
- That the names and addresses of said property owners so notified are listed on a separate paper which is a part of this Affidavit.

And further the Affiant sayeth not.

(AFFIANT)

STATE OF INDIANA)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, _____.

, Notary Public

My Commission expires: _____

County of Residence: _____

Form 2: Adjacent Property Owners Notified by Mail

If property owners are to be notified by mail, either complete this form or provide a list with the same information. Make additional copies if necessary.

Name and Address of Sender			Type of Mail: <input type="checkbox"/> Certified Mail <input type="checkbox"/> Certificate of Mailing ONLY	
Line	Name & Address	Postage	Fee	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total number of pieces listed by sender:		Total number of pieces received at Post Office:	POSTMASTER, <i>(name of receiving employee)</i>	
Affix stamp here if issued as certificate of mailing or for additional copies of this bill. POSTMARK AND DATE OF RECEIPT:			Page _____ of _____	