



Hendricks County BZA

VARIANCE PROCEDURE

Fee: _____ Case Number: _____
 Date Received: _____ Reviewed By: _____
 Date of BZA Hearing: _____ Date of Legal Publication: _____
 Decision of BZA: _____ Approval _____ Denial _____ With Conditions _____

**APPLICATION
 BOARD OF ZONING APPEALS
 HENDRICKS COUNTY, INDIANA**

Applicant(s): _____ Telephone: _____

Address: _____
 Email: _____

Owner(s) _____ Telephone: _____

Address: _____
 Email: _____

Agent: _____ Telephone: _____

Address: _____
 Email: _____

REAL ESTATE EFFECTED: Section _____ Township _____ Range _____
 Township _____ Parcel Key Number(s): _____

Location of Subject Property to Nearest County Road Intersection:

Address of Subject Property: _____

Town Of: _____ Lot _____ Block _____ Addition _____

Subdivision: _____ Lot _____ Section _____

Lot Size: _____ Current Zoning District: _____

Sewer _____ Water _____

(CHECK APPROPRIATE BOX(S))

Variance From The Development Standards _____ Special Exception/
 Mobile Home _____

Appeals _____ Special Exception _____

Special Exception/
 Home Occupation _____

Applicable Ordinance Section Number(s): _____

Requested Action From The Board of Zoning Appeals:

Please see "Variance, Special Exception or Appeals Procedure" for the list of supportive materials which must accompany this petition.



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I (We) hereby authorize and grant to the employees of the Hendricks County Planning and Building Department, other Hendricks County Officials and employees, members of the Board of Zoning Appeals and members of the Plan Commission the right to come onto the above described property for the purpose of inspecting and evaluating the premises regarding this application. I (We) further release said Board members, Commission members, and County employees and officials from any and all liability during said inspection and related matters.

The undersigned, sworn upon his oath, says that the above information and attached exhibits, to my knowledge, are true and correct:

Signature of Applicant(s): _____

Date: _____

State of Indiana

SS:

County of _____
Subscribed and sworn to before me this ____ day of _____, 20____

My Commission expires: _____

NOTARY PUBLIC

AFFIDAVIT AND CONSENT OF PROPERTY OWNER(S), IF DIFFERENT THAN THE APPLICANT

I (We) _____ after being first duly sworn, depose and say:

1. That I (We) are the owner(s) of the above described real estate;
2. That I (We) have read and examined the Application for Special Exception, Variance or Appeals of the Hendricks County Zoning Ordinance, and are familiar with its contents; and
3. That I (We) have no objections to, and consent to such request as set forth in the application;

Signature of Property Owner(s) _____

State of Indiana

SS:

County of _____
Subscribed and sworn to before me this ____ day of _____, 20____

My Commission expires: _____

NOTARY PUBLIC

Hendricks County Planning and Building Department
355 South Washington #212
Danville, Indiana 46122 (317) 745-9254

Revised December 9th, 2008