

☐ Health Department Approval (if applicable)

For Office Use Only				
	#: ing Date: :			
	Approved	Denied		

1. Applicant/Property Owner:	
Applicant:	Owner:
Name:	
Street Address/PO Box:	Street Address/PO Box:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Email Address:	Email Address:
2. Applicant's Attorney/Contact Person and Project En	ngineer (if any):
Attorney/Contact Person:	Project Engineer:
Name:	Name:
Street Address/PO Box:	Street Address/PO Box:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:
Email Address:	
3. Board of Zoning Appeals Classification: (Please indicate  □ Variance of Development Standards:  □ Flood Hazard Area Standards Variance:  4. Project Information:	□ Variance of Use:
4. Project Information:	
Address of Property:	
	Current Zoning:
5. Applicable Ordinance Section Number(s): (Please indicated and Page Number)	ate ALL applicable Zoning Ordinance Section Numbers for your Petition including Section,
6. Attachments:  □ Affidavit & Consent of Property Owner (if applicable)  □ Proof of Ownership (Copy of Deed)  □ Site Plan (if applicable)	<ul> <li>□ Waste Disposal Verification (if applicable)</li> <li>□ Copies of Original Submittals (for appeals only)</li> <li>□ Copies of Written Decisions (for appeals only)</li> </ul>
□ Letter of Intent/Appeal	☐ Application Fee

 $\hfill\Box$  Findings of Fact form

## The undersigned states the above information is true and correct as is informed and believes.

Signature of Applicant:				
Date:				
State of Indiana ) County of Hendricks ) SS:				
Subscribed and sworn to before me the	his day of	, 20		
Notary Public	Printed			
Residing in	County			
My Commission expires				

## AFFIDAVIT & CONSENT OF PROPERTY OWNER Application to the Lizton Board of Zoning Appeals

STATE OF INDIANA ) COUNTY OF HENDRICKS ) SS:	
I,(Name of property owner)	, AFTER BEING DULY SWORN, DEPOSE
AND SAY THE FOLLOWING:	
1. That I am the owner of real estate located	at (Address of affected property)
* *	tion made to the Lizton Board of Zoning Appeals Case #:;
<b>3.</b> That I have no objections to, and consent t made to the Lizton Board of Zoning Appeals.	to the request(s) described in the Application
Owner's Name (Please Print)	
Owner's Signature	
State of Indiana ) County of Hendricks ) SS:	
Subscribed and sworn to before me this	day of ,
/ Notary Public	Printed
Residing in	_ County
My Commission expires	

## DEVELOPMENT STANDARDS VARIANCE Proposed Finding of Fact by the Petitioner

Applicant:	
Location:	
The Petitioner does now enter the following findings:	
<b>1. General Welfare</b> The approval will not be injurious to the public health, safety, morals, a community because;	and general welfare of the
2. Adjacent Property	
The use and value of the area adjacent to the property included in the affected in a substantially adverse manner because;	variance will not be
3. Practical Difficulty The strict application of the terms of this Ordinance will result in a practice of the property. This situation shall not be self-imposed, nor be based of, or restriction on, economic gain because;	

## **USE VARIANCE Proposed Finding of Fact by the Petitioner** Applicant: Location: The Petitioner does now enter the following findings: 1. General Welfare The approval will not be injurious to the public health, safety, morals, and general welfare of the community because; 2. Adjacent Property The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner because; 3. Practical Difficulty The strict application of the terms of this Ordinance will result in a practical difficulty in the use of the property. This situation shall not be self-imposed, nor be based on a perceived reduction of, or restriction on, economic gain because; 4. Unnecessary Hardship The strict application of the terms of this Ordinance will constitute an unnecessary hardship as they are applied to the property for which the variance is sought because;

5. Comprehensive Plan The granting of the variance does not interfere substantially with the Comprehensive Plan					
because;					