

**BOARD OF ZONING APPEALS APPLICATION**

**Building Department**

**172 N 2<sup>nd</sup> St. Decatur, IN 46733**

**(260) 724-3814**

Email: [lwemhoff@citydecatur.in.gov](mailto:lwemhoff@citydecatur.in.gov)

BZA: \_\_\_\_\_

Date: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OWNER (IF DIFFERENT THAN APPLICANT): \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PREMISES AFFECTED (LEGAL DESCRIPTION): \_\_\_\_\_

NATURE AND SIZE OF IMPROVEMENTS NOW EXISTING ON PREMISES: \_\_\_\_\_

PRESENT ZONING CLASSIFICATION: \_\_\_\_\_

DATE PRESENT OWNER ACQUIRED LEGAL TITLE TO PREMISES: \_\_\_\_\_

- (1) DESCRIBE REQUEST IN DETAIL: ATTACH A FULL STATEMENT OF HARDSHIP EXPLAINING WHY THE REQUEST IS BEING APPLIED FOR.**
- (2) ATTACH A PLOT PLAN/SURVEY SHOWING THE LOCATION OF ALL EXISTING PROPOSED STRUCTURES, USES ON THE LOT WITH DIMENSIONS INCLUDING DISTANCES FROM STRUCTURES TO ALL PROPERTY LINES.**
- (3) FILING FEE OF \$300.00. OWNER AND APPLICANT MUST (BOTH) BE PRESENT AT THE HEARING.**
- (4) THIS APPLICATION, TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT.**

**\*ALL PAPERWORK MUST BE SUBMITTED BY THE APPLICATION DEADLINE\***

**\*NO PAPERS WILL BE ACCEPTED THE NIGHT OF THE MEETING\***

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FOLLOWING TO BE COMPLETED BY THE BUILDING DEPARTMENT:

SECTION NUMBER OF THE DECATUR CITY CODE OF 1978 OF WHICH THE APPEAL IS BEING REQUESTED:

VARIANCE (FROM PHYSICAL REQUIREMENTS) \_\_\_\_\_

SPECIAL EXCEPTION (OF USE RESTRICTION) \_\_\_\_\_

DATE OF PUBLIC HEARING \_\_\_\_\_