

BOARD OF ZONING APPEALS APPLICATION

Building Department

172 N 2nd St. Decatur, IN 46733

(260) 724-3814

Email: permits@cityofdecatur.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 _____