

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 AZQUIRED 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 DEPARMENT:

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 _____