

DATE COMPLETE APPLICATION RECEIVED IN OPI: \_\_\_\_\_

# PUTNAM COUNTY ZONING APPEAL/VARIANCE APPLICATION

*If an item below does not apply to you, write "not applicable" (NA)*

## APPLICANT

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name) (City) (State) (Zip Code)

## PROPERTY OWNER (if same as applicant, write same)

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street No. and Name) (City) (State) (Zip Code)

## LOCATION OF PROPERTY: MUST INCLUDE TAX MAP AND PARCEL

\_\_\_\_\_  
\_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_

## TYPE OF APPEAL:

Appeal of Administrative Decision - Specify the administrative decision :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Variance Request - Specify the variance request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify the reasons for the variance request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIREMENTS TO SCHEDULE PUBLIC HEARING FOR THIS REQUEST**

- a. Applicant shall provide a list of property owners' names and addresses with the tax map and parcel numbers of each property that is located within 250 feet of the property for which this request is being submitted. *(Property list may be established from the Putnam County Assessor's maps and addresses. If the list includes a lot within a subdivision, the applicant must also include on the list the name and address of the president for that subdivision's homeowners association.)*
- b. Applicant shall submit blank stamped envelopes for the number of property owners established on the above list. *(Property list may be established from the Putnam County Assessor's maps and addresses).*
- c. Applicant shall file this application with the Board of Zoning Appeals a minimum of 40 days prior to the scheduled public hearing before the Board in order that the legal advertisement describing the variance request may appear in a local newspaper of general circulation 30 days prior to the hearing.
- d. Applicant shall complete the "Disclosure Statement" on page 3 of this application.
- e. Applicant shall submit the \$200.00 fee for Variances and Appeals of Administrative Decisions.

**FACTORS FOR CONSIDERING A VARIANCE REQUEST**

The Board of Zoning Appeals shall grant a variance to the zoning ordinance if it finds that the variance:

- 1. Will not adversely affect the public health, safety or welfare, or the rights of adjacent property owners or residents;
- 2. Arises from special conditions or attributes which pertain to the property for which a variance is sought and which were not created by the person seeking the variance;
- 3. Would eliminate an unnecessary hardship and permit a reasonable use of the land; and
- 4. Will allow the intent of the zoning ordinance to be observed and substantial justice done.

**The applicant is encouraged to submit a written response that supports the above four conditions.**

The applicant hereby consents to the provisions of the Zoning Ordinance.

I, \_\_\_\_\_ *(Please Print)*, hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true.

\_\_\_\_\_ **Signature (Check All that Apply Below)**

Check All that Apply: I am:  Applicant  Property Owner  Contractor  Agent  Other - List: \_\_\_\_\_

**PLANNING COMMISSION USE:**

FEE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_ CASH  CHECK  CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_ INVOICE # \_\_\_\_\_

ZONING DISTRICT \_\_\_\_\_ TAX MAP \_\_\_\_\_ PARCEL \_\_\_\_\_ BZA PUBLIC HEARING DATE: \_\_\_\_\_

BOARD OF ZONING APPEALS DECISION:  APPROVED  DENIED DATE OF DECISION: \_\_\_\_\_

CONDITIONS: \_\_\_\_\_

\_\_\_\_\_  
PERMIT OFFICER

**DISCLOSURE STATEMENT**

Your recent application to the Office of Planning and Infrastructure may require that your requested action be brought before the Putnam County Board of Zoning Appeals or the Putnam County Planning Commission. These two entities are comprised of Putnam County residents.

In order to determine if a current member of either the Putnam County Planning Commission or the Putnam County Board of Zoning Appeals may have a potential conflict of interest with your application, please provide the Office of Planning and Infrastructure with the following information. State law requires that a member of either board recuse himself/herself from the proceedings if a conflict of interest exists. Thank you for your cooperation.

Name of Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of ALL Principal Partners, if Applicant is a business entity: \_\_\_\_\_

Address: \_\_\_\_\_

Project: \_\_\_\_\_

Name of Financial Institution financing this project: \_\_\_\_\_

Name of Project Engineer/Firm: \_\_\_\_\_

Name of Project Architect/Firm: \_\_\_\_\_

Name of Project Realtor/Firm: \_\_\_\_\_

Name of Building Materials Supplier/Firm: \_\_\_\_\_

Name of Developer/Development Firm: \_\_\_\_\_