

PLANNING COMMISSION 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 Other Variance Request

EXPLANATION OF APPEAL(S) OR VARIANCE REQUEST

Subdivision Variance Request

REQUIREMENTS TO SCHEDULE PUBLIC HEARING FOR APPEAL/VARIANCE

FEES:

Major Subdivision Variance \$200.00
 Administrative Subdivision Variance \$25.00
 Appeal of Administrative Decision \$200.00
 (\$100.00 refundable if administrative decision is reversed)

- a. Applicant shall provide a list that includes names, addresses and tax map and parcel numbers of property owners within 100' of the subject property as shown in the assessor's office.
(If the list includes a lot within a subdivision, the applicant must include on the list the name and address of the president for that subdivision's homeowners association.)
- b. Applicant shall submit blank, stamped #10 envelopes for the number of property owners established on the above list
- c. A variance request must be published in one newspaper of general circulation a minimum of fifteen days prior to the public hearing.
- d. An appeal of an administrative decision must be published in one newspaper of general circulation a minimum of thirty days prior to the public hearing.
- e. Fee must be paid when the application is submitted.
- f. Completion of "Disclosure Statement" on page 3.

The applicant hereby consents to the provisions of the Putnam County Subdivision Regulations.

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: Applicant Property Owner Contractor Agent Other - List: _____

PLANNING COMMISSION USE: DATE COMPLETE APPLICATION RECEIVED IN OPI: _____

FEE: _____	CASH <input type="checkbox"/>	CHECK <input type="checkbox"/>	RECEIPT # _____
AMOUNT PAID: _____	CHECK # _____		INVOICE # _____

ZONING DISTRICT _____ TAX MAP _____ PARCEL _____

PLANNING COMMISSION PUBLIC HEARING DATE: _____

PLANNING COMMISSION DECISION: APPROVED DENIED

DATE OF DECISION: _____

CONDITIONS: _____

OPI 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: _____