

Town of Georgetown Building Department 9111 St Rd 64 PO Box 127

Georgetown, IN 47122 Phone: (812) 951-3012 ext 3 buildingdept@georgetown.in.gov

## **Development Standards Variance Application**

### Please Note:

1. General Information:

**Applicant's Representative:** 

Representative Name: Representative Address Representative Phone: Representative Email:

This Application is a document of public record. Any information disclosed on this application is available for review by the public. Incomplete applications will not be accepted. A pre-submission meeting with Building and Development Staff is strongly encouraged. Please contact the office at 812-951-3012 ext 3 to schedule a meeting.

**Variance:** A modification of the specific requirements of this ordinance granted by the Board in accordance with the terms of this ordinance for the purpose or assuring that no property, because of special circumstances applicable to it, shall be deprived of privileges commonly enjoyed by other properties in the same vicinity and district.

# Applicant: Applicant Address: Applicant Phone: Applicant's Interest in Property: Owner Option Holder Purchase Agreement Legal Representative Other Owner(s) of Property: (complete this section if owner is different than applicant) Owner Name: Owner Address: Owner Phone: Owner Email:

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Parcel ID Number:	
Total Acreage:	
Address of Property/Location:	
Current Use of Property:	
Current Zoning District:	
3. Variance Request:	
Detail the variance request:	
4. Zoning Map Amendment Just	ification:
	wn Zoning Ordinance establish specific criteria that each must be meet in ards variance to be approved. Describe how the variance request meets
<b>1.</b> Approval of the variance will not the community:	ot be injurious to the public health, safety, morals, and general welfare of
<b>2</b> . The use and value of the area (	adjacent to the property included in the variance will not be affected in a
substantially adverse manner:	
<b>3.</b> The strict application of the ter the property:	ms of the zoning ordinance will result in practical difficulties in the use of

Code 8-21-10.	
5. Required Documents:	
all features relevant to the variance request.	h clearly shows the entire layout of the property and dicating this variance will not negatively affect the
6. Signature:	
The undersigned states that the above information	is true and correct.
Name:	
Signature:	Date:
SUBSCRIBED AND SWORN BEFORE ME	
THIS,202	
NOTARY PUBLIC COUNTY OF	
MY COMMISSION EXPIRES	

**4.** This variance (DOES /DOES NOT) involve a structure that is near an airstrip and regulated under Indiana

## Georgetown Plan Commission Georgetown Board of Zoning Appeals



# AFFIDAVIT OF OWNERSHIP

his attached attachmen	t is to be completed and su	bmitted at the time of the c	application.	
(We),		, do herel	, do hereby certify that I am (we are)	
he owner(s) of the pro	perty legally described as		rel ID Number)	
And hereby certify that	t I (we) have given author	rization to	, , , , , , , , , , , , , , , , , , ,	
		·	etitioner/Representative)	
To apply for the includ	led application on this sub	ject property.		
Name of Owner(s):	Parcel I.D. No:	Signature:	Date:	
STATEOF	)			
	) SS:			
COUNTY OF	)			
	. 1 C	111 111 10 11	a	
Subscribed and sworr	n to before me, a Notary P	ublic within and for said (	County and State,	
this day of	, 202_			
uns unj or		·		
MY COMMISSION E	EXPIRES:			
		Notary Public		
		riotaly r done		
MY COUNTY OF RE	ESIDENCE:			