



Floyd County
Department of Building & Development Services
2524 Corydon Pike Suite 202
New Albany, IN 47150
Phone: (812) 981-7611
Fax: (812) 948-4744
Building@floydcounty.in.gov

Development Standards Variance Application

Please Note:

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 812-981-7611 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.*

1. General Information:

Applicant:	
Applicant Address:	
Applicant Phone:	
Applicant Email:	

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:	

Applicant's Representative:

Representative Name:	
Representative Address:	
Representative Phone:	
Representative Email:	

2. Site Information:

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 Justification:

Indiana Code and the Floyd County Zoning Ordinance establish specific criteria that each must be meet in order for a development standards variance to be approved. Describe how the variance request meets each of the following criteria:

1. Approval of the variance will not be injurious to the public health, safety, morals, and general welfare of the community:

2. The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner:

3. The strict application of the terms of the zoning ordinance will result in practical difficulties in the use of the property:

4. This variance (DOES /DOES NOT) involve a structure that is near an airstrip and regulated under Indiana Code 8-21-10.

5. Required Documents:

- \$300.00 Filing Fee
- Deed for subject property
- Affidavit of Ownership (if applicable)
- Site plan drawn to scale, signed, and dated which clearly shows the entire layout of the property and all features relevant to the variance request.
- Letter from Floyd County Health Department indicating this variance will not negatively affect the operation of a septic system, if applicable
- Cover letter summarizing variance request.

6. Signature:

The undersigned states that the above information is true and correct.

Name: _____

Signature: _____

Date: _____

SUBSCRIBED AND SWORN BEFORE ME

THIS ___ DAY OF _____, 20__.

NOTARY PUBLIC COUNTY OF _____

MY COMMISSION EXPIRES _____



Floyd County Plan Commission
 Floyd County Board of Zoning Appeals

AFFIDAVIT OF OWNERSHIP

If the owner(s) of the subject property are giving authorization for someone else to apply for this request, this attached attachment is to be completed and submitted at the time of the application.

I (We), _____, do hereby certify that I am (we are)
(Owners of subject property)

the owner(s) of the property legally described as _____,
(Parcel ID Number)

And hereby certify that I (we) have given authorization to _____,
(Applicant/Petitioner/Representative)

To apply for the included application on this subject property.

Name of Owner(s):	Parcel I.D. No:	Signature:	Date:

STATE OF _____)
) SS:
 COUNTY OF _____)

Subscribed and sworn to before me, a Notary Public within and for said County and

State, this _____ day of _____ 20__.

MY COMMISSION EXPIRES:

 Notary Public

MY COUNTY OF RESIDENCE:

 Printed Signature