

APPLICATION FOR SUBDIVISION CONTROL VARIANCE/MODIFICATION

FLOYD COUNTY PLAN COMMISSION
PINE VIEW GOVERNMENT CENTER
2524 CORYDON PIKE, SUITE 203
NEW ALBANY, IN 47150
TELEPHONE 812-948-5440; FAX 812-941-4571

**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.

The Application for Variance must be submitted with the Application for Primary Approval of Subdivision.

ORDINANCE AUTHORITY: Floyd County Subdivision Control Ordinance, Article 1, § 10

The Floyd County Plan Commission may grant modifications to the requirements of the Subdivision Control Ordinance only if **all** of the following criteria are met:

1. The modification will not be detrimental to the public's health, safety or general welfare.
2. The modification will not adversely affect adjacent property.
3. The modification is justified because of exceptional topographical or other physical conditions unique to the property involved and is not to correct mere inconvenience or financial disadvantage.
4. The conditions upon which the modifications request is based are unique to the property for which the relief is sought and not applicable generally to other property.
5. The modification is consistent with the intent and purpose of this Ordinance and the Comprehensive Plan.
6. The condition necessitating the modification was not created by the owner or applicant.
7. The relief sought will not in any way vary the provisions of the Zoning Ordinance.

Docket No. _____ **Date Filed:** _____

Name of Applicant: _____

Address of Applicant: _____

Owner of Property: (if different than Applicant) _____

Address of Owner: _____

Address of Property: _____

Variance/Modification requested so that Applicant may: _____

Identify the specific section(s) of the Subdivision Control Ordinance that the Variance/Modification applies to: _____

Justification for Variance/Modification: (Please complete all sections below)

1. The variance/modification will not be detrimental to the public's health, safety or general welfare because:

2. The variance/modification will not adversely affect adjacent property because:

3. The variance/modification is justified because of exceptional topographical or other physical conditions unique to the property involved and is not to correct mere inconvenience or financial disadvantage because:

4. The conditions upon which the variance/modification request is based are unique to the property for which the relief is sought and not applicable generally to other property because:

5. The variance/modification is consistent with the intent and purpose of this Ordinance and the Comprehensive Plan because:

6. The condition necessitating the variance/modification was not created by the owner or applicant because:

7. The relief sought will not in any way vary the provisions of the Zoning Ordinance because:

Conditions:

Please identify any conditions that you will agree to in connection with this Variance/Modification Application:

SIGNATURES & CONTACT INFORMATION:

Applicant Signature

Printed Name of Applicant

Agent's Signature

Printed Name of Agent

Telephone No.: _____

Applicant/Agent (Circle One)

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 a Subdivision Control Variance/Modification, this Attachment is to be completed and submitted at the time of the application.

I (We), _____, do hereby certify
(names of owners of subject property)

that I am (we are) the owner(s) of the property legally described as _____,
(Floyd County I.D. No.)

and hereby certify that I (we) have given authorization to _____,
(name of Petitioner & Representative)

to apply for the Subdivision Control Variance/Modification for my (our) 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