## Application for Variance from the Requirements of the Subdivision Control Ordinance of Randolph County

325 S Oak Street, Suite 204, Winchester, IN 47394 765-584-8610		Randolph County APC	
Docket No			
Applicant		Phone	
Address of Applicant			
Owner(s) of Record:		Phone	
Address:			
PLEASE ATTACH LEG	AL DESCRIPTION	N AND COPY OF PLAT	OF SUBDIVISION
Township	Section	Township	Range
Location and name of S	ubdivision:		
		Zoning Classificat	tion:
		and reasons necessitatir	ng variance:
The above information a and correct.	and attached exhib	oits, to the best of my kno	wledge and belief, are true
Petitioner:			
Agent for Petitioner			
State of Indiana} SS: County of	}		
Subscribed and sworn t	o before me this _	day of	, 20
Notary Public:			
My Commission Expires	s:		