



**Notice of Appeal**  
**VARIANCE FROM TERMS OF ZONING ORDINANCE**

Note: This application must be accompanied by: **1)** a copy of the deed, or legal description of the property; **2)** an aerial plat map; **3)** names and addresses of adjacent property owners; **4)** a site plan showing existing structures and proposed improvements with setback measurements; **5)** a Septic Permit (if applicable). This application and these documents must be on file in the Zoning office at least fifteen days prior to date of a regular meeting of the Board of Zoning Appeals.

**Applicant (please print):** \_\_\_\_\_

**Location Address:** \_\_\_\_\_

**Township:** \_\_\_\_\_

**Date filed:** \_\_\_\_\_

**Date of Hearing:** \_\_\_\_\_

**Petition Number:** \_\_\_\_\_

The undersigned applicant hereby appeals to the Board of Zoning Appeals for authorization of a Variance from terms of the Zoning Ordinance for property located at \_\_\_\_\_ and further described

as:

(Attach legal description)

**Zoning Classification of Land:** \_\_\_\_\_

Minimum lot/size requirement for this district: \_\_\_\_\_

**Describe provisions of Zoning Ordinance involved in your appeal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**Describe interpretation of Variance applied for and the reason for your appeal:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone

A filing fee of \$30.00 payable to the Area Plan Commission will need to be sent in with your application.  
Cash or Checks only. Area Plan Commission, P.O. Box 314, Newport, IN 47966  
Penney Carpenter 765-492-5343