PLANNING COMMISSION APPEAL/VARIANCE APPLICATION

If an item below does not apply to you, write "not applicable" (NA)

APPLICANT PROPERTY OWNER (if same as applicant, write same) .	FAX:	(Street No. and Name)	(City) EMAIL:	(State) TELEPHONE	(Zip Code)
LOCATION OF PROPERTY: MUST INCLUDE TAX MAP AND PARCEL		(Street No. and Name)	(City)	(State)	
TYPE OF APPEAL: BRIEF EXPLANATION OF APPEAL(S) OR VARIANCE REQUEST		l of Administrative Decisi	on	□ Other Varia	nce Request

REQUIREMENTS TO SCHEDULE PUBLIC HEARING FOR APPEAL/VARIANCE

FEES:

Major Subdivision Variance
\$200.00
Administrative Subdivision
Variance
\$25.00
Appeal of Administrative
Decision
\$200.00
(\$100.00 refundable if administrative decision is reversed)

a. Applicant shall provide a list of property owners' names, addresses and tax map and parcel numbers:

Variance Applications: the notification list shall include property owners abutting your property, including across the streets and alleys.

Appeal of Administrative Decision: the notification list shall include property owners within 100 feet of the property. (Property list may be established from the Putnam County Assessor's maps. If the list includes a lot within a subdivision, the applicant must include on the list the name and address of the president for that subdivision's homeowners association.)

- Applicant shall submit blank stamped envelopes for the number of property owners established on the above list. (Property list may be established from the Putnam County Assessor's maps and addresses).
- c. Planning Commission Appeal/Variance application must be filed with the Office of Planning and Infrastructure within a reasonable period of time to advertise the public hearing in order to allow for the required minimum of 30 days notice prior to the hearing.
- d. Fee must be paid when the application is submitted.
- e. Completion of page 3 of this application, "Disclosure Statement".

I, (Please Print), hereby depose and say that all of the above statements and statements contained in the papers submitted herewith are true.						
			Signati	ure of: Che	ck All that Apply Be	low
Check All that Apply:	□ Applicant	□ Property Owner	□ Contractor	□ Agent	□ Other - List:	
PLANNING COMMISSI	ON USE:					
FEE:		CASH □	CHECK □	RECE	IPT #	
AMOUNT PAID:		CHECK #		INVO	ICE #	
ZONING DISTRICT				PARCEL		_
PLANNING COMMISSIO	N PUBLIC HEAR	ING DATE:				
PLANING COMMISSION	APPEALS DECI	SION: APPI	ROVED	□ DENIED		
DATE OF DECISION: _		<u> </u>				
CONDITIONS:						

DISCLOSURE STATEMENT

Your recent application to the Office of Planning and Infrastructure may require that your requested action be brought before the Putnam County Board of Zoning Appeals or the Putnam County Planning Commission. These two entities are comprised of Putnam County residents.

In order to determine if a current member of either the Putnam County Planning Commission or the Putnam County Board of Zoning Appeals may have a potential conflict of interest with your application, please provide the Office of Planning and Infrastructure with the following information. State law requires that a member of either board recuse himself/herself from the proceedings if a conflict of interest exists. Thank you for your cooperation.

Name of Applicant:	Phone:	
Names of ALL Principal Partners, if Applicant is a business entity:		
Address:		
Project:		
Name of Financial Institution financing this project:		
Name of Project Engineer/Firm:		
Name of Project Architect/Firm:		
Name of Project Realtor/Firm:		
Name of Building Materials Supplier/Firm:		
Name of Developer/Development Firm:		