DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
Office: 574-772-9133 | plancomm75@starke.in.gov

Starke County Board of Zoning Appeals Application

Office Use Only

- **Application Number:** _____
- **Date Received:** _____
- **Received By (Staff Initials):** _____
- **Fee Paid:** $_____ (Receipt #: _____)
- **Hearing Date:** _____

Part 1: Applicant and Owner Information

Applicant Information

- **Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Property Owner Information *(If different from the applicant. If applicant is not the owner, a notarized letter of consent from the owner must be attached).*

- **Name:** _____
- **Address:** _____
- **Phone Number:** _____
- **Email Address:** _____

Part 2: Property Information

- **Property Address:** _____
- **Parcel ID Number (18-digit):** _____
- **Current Zoning District:** _____
- **Total Acreage / Lot Size:** _____
- **Current Use of Property:** _____
- **Proposed Use of Property:** _____

Part 3: Type of Request

(Check all that apply)

- [ ] **Variance of Development Standard** (e.g., setbacks, height, lot coverage)
- [ ] **Variance of Use** (Allowing a use not strictly permitted in the current zoning district)
- [ ] **Special Exception / Conditional Use**
- [ ] **Administrative Appeal** (Appealing a decision made by the Building Commissioner or Zoning Administrator)
- [ ] **Medical Hardship** (For medical Necessity and Caregiver Proximity)

Detailed Description of Request: *(Please describe exactly what you are asking the BZA. Use blank paper if additional room is needed)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Part 4: Required Submittals (Checklist)

Your application will not be considered complete or scheduled for a hearing until all the following are submitted:

- [ ] **Completed Application:** Fully filled out and signed.
- [ ] **Application Fee:** Non-refundable fee per the current county fee schedule.
- [ ] **Detailed Site Plan:** Drawn to scale, showing property lines, existing structures, proposed structures, setbacks, driveways, and easements.
- [ ] **Copy of the Recorded Deed:** Proving current ownership.
- [ ] **List of Adjacent Property Owners:** Names and mailing addresses of all property owners within two property depths or 660 feet (whichever is less) of the subject property for public notification.
- [ ] **Petitioner Findings of Fact:** Completed and signed.
- [ ] **Site Access Affidavit:** Completed and signed.
- [ ] **Authorized Agent Affidavit:** Notarized *(Required ONLY if the applicant is not the current legal property owner).*
- [ ] **Legal Notification & Compliance Acknowledgement:** Completed and signed.

Part 5: Signature and Oath

I (We) hereby certify that the information contained in this application and its accompanying documents is true and correct to the best of my (our) knowledge. I understand that any false statements or omissions may result in the denial or revocation of this application.

- **Applicant Signature: _____ Date: _____**
- **Owner Signature: _____ Date: _____**

DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
Office: 574-772-9133 | plancomm75@starke.in.gov

STARKE COUNTY BOARD OF ZONING APPEALS

DETAILED SITE PLAN

Application / Petition Number: _____ *(Office Use Only)*

Instructions to the Applicant

Please use the grid area below (or attach a separate sheet) to draw a detailed site plan of your property. **The drawing does not need to be drafted by a professional, but it MUST be legible, reasonably to scale, and clearly show all required measurements.** *If you have a professional property survey or engineered site plan, you may attach a copy of that document instead of completing this drawing.*

Your site plan MUST show and label the following:

- [ ] **Property Boundaries:** Show all property lines and total dimensions (length and width) of the lot.
- [ ] **Roads & Streets:** Show and name all adjacent roads, streets, alleys, or easements.
- [ ] **Existing Structures:** Show the location and dimensions of all current buildings, houses, garages, sheds, and pools.
- [ ] **Proposed Structures/Additions:** Clearly draw the requested structure or addition (highlight or shade this area).
- [ ] **Setbacks (CRITICAL):** Write the exact distance (in feet) from the *proposed* structure to the Front, Rear, Left Side, and Right Side property lines.
- [ ] **Driveways & Parking:** Show the location of driveways and parking areas.
- [ ] **Well & Septic:** (If applicable) Show the approximate location of the well and septic field.
- [ ] **North Arrow:** Indicate which direction is North.

SITE PLAN DRAWING AREA

(You may draw below, or check here [ ] if you are attaching a separate survey/site plan).

Applicant Attestation

I hereby certify that the site plan provided above (or attached) is accurate and correctly represents the current physical conditions of the property and the exact specifications of the proposed variance request. I understand that any approved building permits will be held to the exact dimensions and setbacks shown on this plan.

Applicant Signature: _____ **Date:** _____

DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
Office: 574-772-9133 | plancomm75@starke.in.gov

STARKE COUNTY BOARD OF ZONING APPEALS

ADJACENT PROPERTY OWNERS LIST

Application / Petition Number: _____ *(Office Use Only)*

Instructions to the Applicant

Please list all legal property owners whose land is adjacent to the subject property. **"Adjacent" includes properties that share a common boundary line, as well as properties located directly across a street, alley, easement, body of water, or right-of-way from the subject property.** You can obtain current ownership and mailing address information from the Starke County Assessor's Office or the County GIS website. **Property cards for all property owners identified must accompany this form.**

Mailing Process: The BZA office will use the information provided below to generate the official legal notification letters. Once generated, these letters will be given back to you. **You are responsible for mailing these letters to the adjacent property owners and providing the official postal mailing receipts to the BZA office as proof of mailing prior to your hearing.**

Note: The mailing address for the owner may be different from the physical address of the adjacent property.

Subject Property Address: _____

Applicant Name: _____

Adjacent Owners

1. Property Owner Name: _____

- **Adjacent Parcel ID / Address:** _____
- **Owner's Mailing Address:** _____
- **City, State, Zip:** _____

2. Property Owner Name: _____

- **Adjacent Parcel ID / Address:** _____
- **Owner's Mailing Address:** _____
- **City, State, Zip:** _____

3. Property Owner Name: _____

- **Adjacent Parcel ID / Address:** _____
- **Owner's Mailing Address:** _____
- **City, State, Zip:** _____

4. Property Owner Name: _____

- **Adjacent Parcel ID / Address:** _____
- **Owner's Mailing Address:** _____
- **City, State, Zip:** _____

5. Property Owner Name: _____

- **Adjacent Parcel ID / Address:** _____
- **Owner's Mailing Address:** _____
- **City, State, Zip:** _____

6. Property Owner Name: _____

- **Adjacent Parcel ID / Address:** _____
- **Owner's Mailing Address:** _____
- **City, State, Zip:** _____

(If you have more than six adjacent property owners, please attach an additional copy of this page).

Applicant Attestation

I hereby certify that the above list represents a complete and accurate record of all adjacent property owners to the best of my knowledge, based on current Starke County Assessor records. I understand that I am responsible for mailing the official notification letters provided by the BZA office and must return the proof of mailing receipts before my petition can be heard.

Applicant Signature: _____ **Date:** _____

DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
Office: 574-772-9133 | plancomm75@starke.in.gov

PETITIONER FINDINGS OF FACT

Petition Number: _____
Date of Hearing: _____
Petitioner Name: _____
Property Address/Parcel: _____
Type of Request: [ ] Development Standards Variance [ ] Use Variance [ ] Special Exception [ ] Appeal of Administrative Decision [ ] Medical Hardship

Please complete all sections related to the variance requested. If additional room is needed, attach an additional sheet of paper identifying which section and number it's associated with.

SECTION A: DEVELOPMENT STANDARDS VARIANCE (IC 36-7-4-918.5)

(Use for setbacks, height, lot coverage, etc.)

1. Public Health, Safety, Morals, and General Welfare Will the approval be injurious to the public health, safety, morals, and general welfare of the community?

- [ ] **NO.** *Reasoning (Cite evidence):*
  _____
- [ ] **YES.** *Reasoning (Cite evidence):*
  _____

2. Impact on Adjacent Property Will the use and value of the area adjacent to the property be affected in a substantially adverse manner?

- [ ] **NO.** *Reasoning (Cite evidence):*
  _____
- [ ] **YES.** *Reasoning (Cite evidence):*
  _____

3. Practical Difficulty Does the strict application of the terms of the zoning ordinance result in a practical difficulty in the use of the property?

- **Statutory Test Question:** Is this difficulty strictly financial in nature, or was the situation self-created by the applicant's own actions?

    - *Note: If the difficulty is purely financial or self-created, you must legally vote "NO" (find that no practical difficulty exists).*
- [ ] **YES, a practical difficulty exists.** *Reasoning (What unique physical trait of the land causes the issue?):*
  _____
- [ ] **NO, a practical difficulty does not exist.** *Reasoning (e.g., The issue is self-created, purely financial, or personal convenience):*
  _____

SECTION B: USE VARIANCE (IC 36-7-4-918.4)

(Use when requesting a use not permitted in the zoning district. ALL FIVE criteria must be met to approve).

1. Public Health & Safety: Will the approval be injurious to the public health, safety, morals, and general welfare?

- [ ] YES [ ] NO. *Because:*
  _____

2. Adjacent Property: Will the use and value of the adjacent area be adversely affected?

- [ ] YES [ ] NO. *Because:*
  _____

3. Peculiar Condition: Does the property have a peculiar condition that makes it unsuitable for the permitted uses in its current zoning district?

- [ ] YES [ ] NO. *Because:*
  _____

4. Unnecessary Hardship: Does the strict application of the ordinance constitute an unnecessary hardship?

- **Statutory Test Question:** Is this hardship strictly financial in nature, or was the situation self-created by the applicant?
- [ ] **YES, a hardship exists.** *Because:*
  _____
- [ ] **NO, a hardship does not exist.** *Because (e.g., The hardship is purely economic or self-imposed):*
  _____

5. Comprehensive Plan: Does the approval substantially interfere with the County Comprehensive Plan?

- [ ] YES [ ] NO. *Because:*
  _____

SECTION C: SPECIAL EXCEPTION (IC 36-7-4-918.2)

(Use for conditional uses explicitly listed in the ordinance).

Has the applicant provided sufficient evidence demonstrating that they meet all specific conditions and development standards required by the Starke County Zoning Ordinance for this specific use?

- [ ] **YES.** *Reasoning (Cite specific plans, bonds, or studies submitted):*
  _____
- [ ] **NO.** *Reasoning (Cite which specific ordinance conditions were not met):*
  _____

SECTION D: APPEAL OF ADMINISTRATIVE DECISION (IC 36-7-4-918.1)

Error in Interpretation: Did the administrative official err in their interpretation, application, or enforcement of the Starke County Zoning Ordinance?

- [ ] YES. Reasoning (Cite the specific ordinance section and explain why the official's interpretation was incorrect based on the evidence presented):
  _____
- [ ] NO. Reasoning (Cite why the official's interpretation or decision was correct and properly supported by the ordinance):
  _____

SECTION E: MEDICAL HARDSHIP

Medical Necessity & Caregiver Proximity: Does the person for whom the variance is sought have a documented medical condition that prevents them from living outside a nursing home or other assisted living residence without help that the caregiver could not give if the caregiver did not live on the same property?

- [ ] YES. Reasoning (Cite medical documentation or testimony):
  _____
- [ ] NO. Reasoning:
  _____

Annual Verification: Is it a stipulated condition of this approval that the medical need for this variance must be demonstrated and reviewed on an annual basis?

- [ ] YES. Reasoning: _____
- [ ] NO. Reasoning: _____

Removal of Dwelling: Is there a clear, enforceable condition that one (1) of the dwellings will be removed from the property within a maximum of 180 days when the medical need for the variance has ended?

- [ ] YES. Reasoning (Cite the specific removal plan or agreement): _____
- [ ] NO. Reasoning: _____

PETITIONER'S ATTESTATION

I (We) hereby submit these proposed Findings of Fact for the Board of Zoning Appeals' consideration and affirm that the evidence and reasoning provided herein are true and accurate to the best of my (our) knowledge.

- **Petitioner Signature: _____ Date: _____**
- **Printed Name: _____**
- **Co-Petitioner Signature: _____ Date: _____** *(If applicable)*
- **Co-Petitioner Printed Name: _____**

DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
Office: 574-772-9133 | plancomm75@starke.in.gov

STARKE COUNTY BOARD OF ZONING APPEALS

SITE ACCESS AFFIDAVIT

Application / Petition Number: _____ *(Office Use Only)*

Consent for Site Inspections

I authorize members of the Starke County Board of Zoning Appeals access to my property for the limited purpose of photographing, recording video, and/or viewing the area affected by the variance requested in this application and verification of project dimensions.

Property Safety Information (*For the safety of our board members conducting site visits, please answer the following):*

Any dog(s) on the property? *

- [ ] Yes
- [ ] No

If Yes, How Many? _____

Applicant / Agent Information *(Please print or type)*

Applicant / Agent Name: _____

Property Address: _____

Telephone Number: _____

Applicant or Agent's Signature: _____ **Date:** _____

CURRENT BOARD MEMBERS THAT MAY ACCESS YOUR SITE:

- **Mark Allen**
- **Kenny Lone Eagle**
- **Eugene Pugh**
- **Michael Hoekman**
- **Richard June**

DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
Office: 574-772-9133 | plancomm75@starke.in.gov

STARKE COUNTY BOARD OF ZONING APPEALS

AUTHORIZED AGENT AFFIDAVIT

Application / Petition Number: _____ *(Office Use Only)*

Authorization of Agent

I, _____, legal owner of
(Printed Name of Property Owner)
the property located at _____
(Property Address)
hereby authorize _____
(Printed Name of Authorized Agent)
to act as my Agent to make an application to the Starke County Board of Zoning Appeals for a variance.

Owner Signature: _____ **Date:** _____

Notary Public Attestation

STATE OF INDIANA)
) SS:
COUNTY OF STARKE)
Subscribed and sworn to before me, a Notary Public, in and for said County and State.

This _____ day of _____, 20 _____.

My Commission Expires: _____

NOTARY PUBLIC Signature: _____

Printed Name: _____

DEPARTMENT OF PLANNING AND BUILDING
STARKE COUNTY PLAN COMMISSION
53 East Mound Street, Knox, IN 46534
Office: 574-772-9133 | plancomm75@starke.in.gov

STARKE COUNTY BOARD OF ZONING APPEALS

LEGAL NOTIFICATION & COMPLIANCE ACKNOWLEDGEMENT

Application / Petition Number: _____ *(Office Use Only)*

Public Hearing Notice & Affidavit Requirements

The legal public hearing notice that the BZA Secretary will publish in the local newspaper will require the applicant to make a payment directly for the public notice.

A notification affidavit is required to be completed at least **ten (10) days PRIOR** to the hearing date. If the affidavit is not completed and submitted by this deadline, the petition will not be heard, and you must start a new application process. This new process will include a new **nonrefundable $200 payment** for the public hearing fee and a new payment for the advertisement in the newspaper.

Applicant Attestation

Read Carefully: You will be held responsible for all information contained herein.

I hereby certify these statements to be true and correct and understand that approval includes only the details specifically described herein and on the included sketch plans and inspection sign-off sheet.

Failure to comply, obtain further clearance for any changes in structures, use, or location, request renewal, or post the permit as required, may result in the revocation of permit approval.

Applicants must have a permit in hand with all signatures prior to starting construction, or an additional fee will be issued.

Applicant Signature: _____ **Date:** _____

Printed Name: _____