



Permit #: \_\_\_\_\_

## **DEVELOPMENT STANDARDS VARIANCE APPLICATION**

Town of Clear Lake, 111 Gecowets Drive, Fremont, IN 46737

Office: (260) 495-9158 Mobile: (260) 243-6701 Email: [zoning@townofclearlake.org](mailto:zoning@townofclearlake.org)

### **Applicant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Applicant is:  Owner  Engineer / Architect  Contractor

### **Owner Information**

Name:  Same as above \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Project Information**

Project Address: \_\_\_\_\_  
Parcel ID #: \_\_\_\_\_  
Legal Description: *(attach if necessary)* \_\_\_\_\_  
Current Zoning: \_\_\_\_\_  
Current Use: \_\_\_\_\_  
Variance Requested: \_\_\_\_\_  
\_\_\_\_\_

UDO Provisions for which relief is requested? \_\_\_\_\_

**Describe the project request in detail.**

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

**Explain why the requested variance is essential to the practical use of your property.**

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

**Findings of Fact**

The Board of Zoning Appeals must make detailed findings of fact based on your application and presentation at the meeting. Failure to present evidence in support of the findings may result in the denial of your application. Therefore, please complete the following statements:

The proposed project will not be injurious to the public health, safety, morals, and general welfare of the community because:

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

The use and value of the area adjacent to the proposed project will not be affected in a substantially adverse manner because:

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

The strict application of the terms of the ordinance will result in practical difficulties in the use of the property because:

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

**Affidavit**

I/We, \_\_\_\_\_, being duly sworn, depose and say that I/we, am/are the owners/contract purchasers of the property involved in this application; and that the forgoing signatures, statements, and answers herein contained, and the information herewith submitted, are in all respects true and correct.

**STATE OF INDIANA)**  
**) SS:**  
**COUNTY OF STEUBEN)**

*(seal)*

*Subscribed and sworn to before me, a Notary Public in and for said County and State, on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.*

My Commission Expires: \_\_\_\_\_

*Signature*

*Date*