

Instructions for Applying for a Development Standards Variance Town of Clear Lake – Board of Zoning Appeals

1. **SUBMITTAL REQUIREMENTS:** Provide seven (7) copies of the following items:
 - Completed Development Standards Variance Application (attached)
 - Drawings, to scale, of the proposed project including all exterior elevations
 - Site plan, to scale, showing property lines, existing improvements, and proposed improvements
 - Exterior materials list
 - Certified boundary survey
 - Copy of the property deed (or deeds)
 - Sewer acceptance letter from the Town (if requesting a new sanitary sewer connection)
 - Other information, including interior drawings, as requested for a thorough review of the proposed project

2. **FEE:** Pay the Variance Application fee per the Town’s Fee Schedule (range is \$250+).

3. **MEETING:** Once all of the submittal requirements have been met and the application fee paid, the variance request will be placed on the agenda of the next Board of Zoning Appeals meeting that is at least 28 days away. The meeting date for your variance is _____.

4. **SITE PREP:** At least 10 days before the meeting, please stake your property lines and the corners of the proposed project. The public hearing sign should also be posted at this time. The date you need to have the staking completed and sign in place is _____.

5. **GENERAL INFORMATION:**
 - You must attend the meeting to present the application and answer questions. If no one is at the meeting to present your request, the Board may dismiss it.
 - Everyone giving testimony to the Board of Zoning Appeals shall be deemed to have given the testimony under oath.
 - The burden is on YOU to supply all information necessary for a clear understanding of the request.
 - Statements made at the meeting regarding operation, siting, or other details shall be binding agreements between you and the Board of Zoning Appeals. Likewise, drawings, displays, or documents presented illustrating details shall also be binding as to their content and representation.

6. **ADDITIONAL INFORMATION:**
 - For additional information on the Board of Zoning Appeals, the Variance process, or meeting procedures, please reference the Board of Zoning Appeals *Rules of Procedure* and Town’s *Unified Development Ordinance*, Article 9. Both documents are available upon request and on the Town’s website (www.townofclearlake.org).
 - If your variance is granted, a permit must be issued within one (1) year of the variance approval or the variance will expire. Once the project is complete, the Board of Zoning Appeals will create a “Certificate of Action Taken” to officially document the variance that was granted and have it recorded in the Office of the Steuben County Recorder.

DEVELOPMENT STANDARDS VARIANCE APPLICATION

Town of Clear Lake - Board of Zoning Appeals

111 Gecowets Drive, Clear Lake, Fremont IN 46737

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

APPLICANT INFORMATION

Name _____ E-mail _____

Address _____
lake permanent

Phones _____
preferred other

PROJECT INFORMATION

Address of Property _____

Legal Description
(attach if necessary) _____

Property Owner _____

Current Zoning _____ Existing Covenant _____

Current Use _____ Proposed Use _____

Variances Requested _____

PROJECT DETAILS

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)

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

ZONING ADMINISTRATOR USE ONLY

UDO Provisions for which relief is requested?

Previous Variances for this Property?

Adjacent Property Owners

Interested Property Owners (within 300 feet)
