



# Application for Variance from Development Standards

City of Madison  
Office of Planning, Preservation, & Design  
101 W Main St  
Madison, IN 47250  
(812) 265-8300

Application Fee \$ 35.00  
Ad Fee (for Legal Notice) \$ 15.00  
Recording Fee \$ 25.00  
**Total Due \$ 75.00**

Purpose: Per the City of Madison Zoning Ordinance, the Board of Zoning Appeals shall approve or deny variance from development standards from the terms of the Zoning Ordinance. The Board may impose reasonable conditions as a part of its approval. A variance may be approved only upon a determination by the Board.

This application must be filed at least 15 days prior to scheduled meeting to be eligible for consideration at that meeting. Actual deadlines vary due to holidays, office business hours and operating schedule, media publishing deadlines, etc. Deadlines are published publicly and can also be provided by contacting the Planning Office.

## APPLICANT INFORMATION

Name: John Demaree  
Street: 1938 Michigan Road  
City: MADISON State: IN Zip: 47250  
Phone (Preferred): 812-701-4321  
Phone (Alternate): 812-701-4321  
Email: JohnDemaree@yahoo.com

## OWNER INFORMATION (IF DIFFERENT\*)

Name: SAME  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Preferred): \_\_\_\_\_  
Phone (Alternate): \_\_\_\_\_  
Email: \_\_\_\_\_

*\* If Applicant is not Owner, MUST submit documentation from owner authorizing applicant on their behalf.*

## PROPERTY FOR WHICH A VARIANCE IS REQUESTED

Address and/or Legal Description of Property: 1938 Michigan Road /  
39-08-216-223-001.001-007  
Zoning Classification: R-4

Description of Existing Use: VACANT LOT

Description of Proposed Use: DUPLEX RESIDENCE

List sections of the Zoning Ordinance for which a variance is requested: R-4 SETBACKS AND LOT SIZE

Describe why a variance is requested: REAR "0" LOT LINE ON <sup>NORTH</sup> PROPERTY LINE TO  
ALLOW FOR DUPLEX

## For Variance from Setbacks, list below and indicate on site plan:

Current -	North: _____ ft	East: _____ ft	South: _____ ft	West: _____ ft
Requested -	North: <u>0</u> ft	East: _____ ft	South: <u>0</u> ft	West: _____ ft

Per the City of Madison Zoning Ordinance, a variance shall not be granted unless the Board makes specific findings of fact based directly on the particular evidence presented to it, which support conclusions that the standards and conditions has been met by the applicant.

**Provide a detailed Narrative statement demonstrating that the requested variance conforms to the following standards. Respond to each question below with Yes/No and why. Use additional pages if necessary.**

1. Will this variance be injurious to the public health, safety, morals, and general welfare of the community?

NO, IT WILL NOT BE INJURIOUS

2. Will the use and value of the area adjacent to the property included in the variance be affected in a substantially adverse manner?

NO, IT WILL NOT AFFECT ADJACENT PROPERTIES IN ANY ADVERSE MANNER

3. Will the strict application of the terms of the zoning ordinance result in practical difficulties in the use of the property?

YES, THE LOT SIZE DOES NOT ALLOW FOR ANY CONSTRUCTION AND SETBACKS WOULD PREVENT A DUPLEX

**Include any other documents/information which you feel will aid the Board in making its determination.**

*Certified letters MUST be mailed to adjoining property owners (includes owners of real estate at corners, across streets, alleys or easements as well as others who may share a common boundary) at least ten (10) days prior to the meeting. The Planning Office can assist you in obtaining this information. Proof of Certified Mail receipts and corresponding returned green cards shall be given to the Planning Office at least one (1) working day prior to the scheduled meeting. The Board will not review the application unless proof of attempt(s) of contact are provided. USPS delays will not be held against you if proof indicates that letters were sent appropriately.*

**I certify that the information provided in this application is true and accurate to the best of my ability and I understand and agree to the Certified mail stipulations.**

10/24/22

Date

Victoria J. Demaree

Signature of Applicant

**Documentation Review** (Completed by Planning Office)

- N/A Owner Authorization provided (if req'd)
- ☒ Narrative Statements completed (Page 1 and #1 – 3 above)
- ☒ Application is complete
- ☒ GIS Information to applicant and attached
- ☐ Certified Mail Receipts received (attach)
- ☐ Certified Mail Green Cards received (attach)

**Staff Notes**


**COMPLETED BY PLANNING OFFICE**

Application Accepted on: 10/24/2022

Application Accepted by: JOE PATTERSON gcp

**Meeting Information: Board of Zoning Appeals**

101 W Main St, Madison, IN 47250 – Council Chambers

Meeting Date: NOVEMBER 14, 2022 Time: 6:30PM



# MadisonZoning

Zoning Code:

R-4

R-8

- Regional Counties
- County Boundary
- Townships
- Corporate Boundaries
- Water
- Parcels
- Drives, Alleys, etc.

## Points of Interest

△ Addresses

- Regional Counties
- Regional Roads
- Regional Highways
- Water
- Railroad
- Drives, Alleys, etc.
- Roads
- Highways

1938 Michigan Rd

