

Name: MARK & Bobbis Jo limmons

Street: 810 E. SECOND ST.

101 W Main St Madison, IN 47250 (812) 265-8324

Application for Variance from Development Standards

APPLICANT INFORMATION

Application Fee \$ 60.00 Ad Fee (for Legal Notice) \$ 15.00 Recording Fee \$ 25.00 **Total Due** \$ 100.00

OWNER INFORMATION (IF DIFFERENT*)

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.

City: MADISON State: In	1 zip: 47250	City:	State:	 _ Zip:								
Phone (Preferred): $\frac{217 - 376}{}$	3195-MARK											
Phone (Alternate): $217 - 370 -$	4195-BI											
Email: Markemnse insnie	com											
* If Applicant is not Owner, MUST submit documentation from owner authorizing applicant on their behalf.												
PROPERTY FOR WHICH A VARIANCE IS RE	EQUESTED											
Address and/or Legal Description of Prop	perty: 810 East	SECONDS+.	MADISON,	IN 47250								
Zoning Classification: HDR												
Description of Existing Use: RESID	ENTIAL-SING	le Emily Di	welling									
Description of Proposed Use: RESI												
List sections of the Zoning Ordinance for	which a variance is rec	quested: <u>Vavicu</u>	es from de	trangalou								
Describe why a variance is requested: I & x 22 already on the property. We are probably but will be uncoured by the front of the property by Street.	eoperty line. eoposins to a Jill Run parall	Was there w nother 24' to el to the hous	then we purc that same se And move	hased footprinty ax toward								
Form # PPD-Z-02 Rev. 3	Page 1 c	f2		3/23/2023								

For Variance fr	om Setbacks, lis	st below ar	nd indi	cate on	site plan	:					
Current -	North:	ft	East: _	6	_ ft	South:	ft	West: _	ft		
Requested -	North:	ft	East: _	0	_ ft	South:	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 - CORRENTLY have AMEXISTING deck already on the proferey line.											
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 - There is allegedy a concrete barrier between the two profesties. No Issues											
3. Will the strict application of the terms of the zoning ordinance result in practical difficulties in the use of the property? NO - USE of the property will not change. It will continue to be private Residential property.											
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. Signature of Applicant											
COMPLETED E	BY PLANNING O	FFICE			١	deeting Informa	tion: Boa	ard of Zoni	ng Appeals	5	
Application A	Accepted on:			-0	1	01 W Main St, M	/ladison,	IN 47250 -	– Council C	hambers	
Application A	Accepted by:			<u></u>	N	leeting Date:		Tir	ne: 6:00PM	1	
Narrative S Applicatior GIS Inform	Review (Complethorization provotatements completements application to application Receipts receipts receipts receipts	vided (if red apleted ant and att	q'd) ached	(Office)	Staf	f Notes					
	iaii Receipts rec Iail Green Cards			2)	-						

