

DEARBORN COUNTY PLAN COMMISSION

County Administration Building, 165 Mary St., Lawrenceburg, IN 47025
Phone (812) 537-8821 Fax (812) 532-2029 Website: www.dearborncounty.org/planning

Board of Zoning Appeals Instructions

◆ **BOARD OF ZONING APPEALS APPLICATION**

All individuals requesting Action from the Board of Zoning Appeals must complete an application form, which will be used to determine the location of the request, type of request and person(s) who are making the request. It is important that the application is completed accurately, and in its entirety. The applicant is responsible for all the information that is given.

◆ **CRITERIA FOR REVIEW BY THE BOARD OF ZONING APPEALS**

• **CONDITIONAL USE** - All individuals who are making a request for a Conditional Use to the Board of Zoning Appeals shall demonstrate the following:

- a) Will not endanger the public health, safety, morals, comfort, or general welfare.
- b) Will be designed, constructed, operated, and maintained so as to be harmonious and appropriate in appearance with the existing or intended character of the general vicinity and shall not change the essential character of the same area.
- c) Will be served adequately by essential public facilities and services such as highways, streets, police and fire protection, drainage structures, refuse disposal, water and sewer, and schools; or that the persons or agencies responsible for the establishment of the proposed use shall be able to provide adequately any such services.
- d) Will not impede the normal and orderly development and improvement of the surrounding property for uses permitted in the district.
- e) Will not generate traffic on the existing street network that will cause congestion or unsafe ingress and egress within the neighborhood as a result of the development, unless evidence is provided that improvements can be made to minimize or relieve the impacts.
- f) Will not involve uses, activities, processes, materials, equipment and conditions of operation that will be detrimental to any persons, property, or the general welfare by reason of excessive production of traffic, noise, smoke, dust, fumes, glare or odors.

The Board will also consider the criteria for Conditional Uses as set forth in the zoning district in which the Conditional Use is being requested.

• **VARIANCE** - All individuals who are making a request for a Variance to the Board of Zoning Appeals shall demonstrate the following:

- a) That the approval will not be injurious to the public health, safety, morals, and general welfare of the community.
- b) That the use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner.
- c) That the need for the variance arises from some condition peculiar to the property involved which are not applicable to other lands, structures or buildings in the same district.
- d) That the strict application of the terms of the zoning ordinance will constitute an unnecessary hardship if applied to the property for which the variance is sought.
- e) That the special conditions and circumstances do not result from the actions of the applicant.

In granting a Conditional Use or Dimensional Variance, the Board may prescribe any reasonable conditions or commitments as well as establish a time limit within which the request shall be started or completed or both.

◆ **REQUIRED INFORMATION**

A complete application shall be filed with the Planning Department by at least one owner, owner by contract (option), or lessee with written permission of the owner of property for which such application is proposed. *If, after the initial public hearing, additional information is needed beyond the minimum information required by the application, the Board can require the applicant to submit the equivalent of a Site Plan as detailed in Article 23 of the Dearborn County Zoning Ordinance or any other needed information as necessary.* Please note that all Board of Zoning Appeals applications, as well as any accompanying Technical Review Committee applications (if applicable), must be submitted in full to the Planning & Zoning Office no later than 2:00pm on the appropriate deadline date. *Applications that are received after this time will be moved to a future meeting agenda.*

◆ **ADDITIONAL INFORMATION / ACTION: MULTI-FAMILY CONDITIONAL USES**

For all Conditional Use requests involving multi-family dwelling units, any and all anticipated or required preliminary Plan Commission action(s) must be addressed prior to the Board's acceptance of a complete application. The following information must also be submitted to the Board—in addition to the other required documentation and materials—for these types of Conditional Use cases:

1. Written confirmation demonstrating the availability of service and impact upon the following affected community facilities and public or private utilities must be submitted in conjunction with Site and Vicinity Plans: schools, fire protection, emergency services, sewer, water, electric, gas, telephone service systems, etc. **All written confirmation(s) should be considered current—i.e. less than 1 year old.*
2. All special studies that have been (or must be) submitted to the Plan Commission for review, such as a traffic study, a geotechnical study, etc., may be required to be forwarded to the Board in conjunction with a complete application. **All written studies should be considered current—i.e. less than 1 year old.*

◆ **ADJOINING PROPERTY OWNERS**

Upon receipt of an application, the Board shall establish a time and place for a hearing, and publish notice of the hearing in a newspaper of general circulation in the County at least 10 days before the date set for the hearing.

In addition, all adjoining property owners shall be notified by certified mail that is postmarked and mailed at least ten (10) days in advance of the hearing. The applicant shall be responsible for supplying **ALL the names and addresses of all adjoining property owners and shall pay all the costs of notification.** Adjoining property owners include any person who owns land that shares a property line with the subject site, or adjoins along the centerline of any roadway. Records maintained by the County Assessor's Office shall be used as the official record to determine the identity and address of property owners. *Incomplete notification of adjoining property owners can result in delays, or make any approval Invalid.*

◆ **SITE & VICINITY PLANS**

In addition to the completed application form, all individuals making a request to the Board of Zoning Appeals are required to submit a Site Plan & Vicinity Plan. The purpose of these plans is to provide complete and accurate information about the important features of the property. Please use the following checklist to assist you in creating Site & Vicinity Plans that contain all of the necessary information. The boxes labeled S indicate information that is necessary, if applicable, when creating a Site Plan. *The Site Plan MUST be prepared on a scaled plot plan.* The boxes labeled V indicate information that is necessary when creating a Vicinity Plan. Eight (8) copies of each plan, and other drawings, are required for all requests.

If you have any questions, please direct them to the Dearborn County Planning & Zoning Office. The responsibility for the accurate completion of the application and site plan is your own. Please do not expect the Planning and Zoning Office to draw the site plan for you. Special attention should be made to ensure that your site plan is complete, organized, accurate and neat. ***The lack of appropriate information may cause a delay in the review of your application.***

S	<input type="checkbox"/>	V	<input type="checkbox"/>	Boundaries of the proposed site (Property Lines)
S	<input type="checkbox"/>	V	<input type="checkbox"/>	All proposed buildings/additions, and/or other improvements.
S	<input type="checkbox"/>	V	<input type="checkbox"/>	All existing buildings, including structures on all adjoining properties, and the approximate distance from the proposed use.
S	<input type="checkbox"/>	V	<input type="checkbox"/>	Label all roads adjacent to the proposed site
S	<input type="checkbox"/>	V	<input type="checkbox"/>	Lakes, ponds, creeks, and other waterways (distance from residence & roads)
S	<input type="checkbox"/>	V	<input type="checkbox"/>	Show existing conditions of land, and important land features (cliffs, hills, etc.)
S	<input type="checkbox"/>	V	<input type="checkbox"/>	Position of North
S	<input type="checkbox"/>	V	<input type="checkbox"/>	Ownership and use of adjoining properties
S	<input type="checkbox"/>			Dimension of proposed buildings/additions (Length, Width & Height)
S	<input type="checkbox"/>			Dimensions from Property Lines to existing and proposed features (Measured in Feet)
S	<input type="checkbox"/>			Label the direction that the Primary Structure faces as "Front of House."
S	<input type="checkbox"/>			Driveways (ingress, egress and type of surface)
S	<input type="checkbox"/>			Parking areas (lot dimensions & number of spaces)
S	<input type="checkbox"/>			Swimming pools
S	<input type="checkbox"/>			Utility & street facilities (water, electric, sanitary & storm sewers, etc.)
S	<input type="checkbox"/>			Lot Size (Measured in Acres)
S	<input type="checkbox"/>			Current zoning of owner's property
S	<input type="checkbox"/>			Existing and proposed fences
S	<input type="checkbox"/>			Use of proposed site, with ownership and use of adjoining properties
S	<input type="checkbox"/>			Location and direction of all existing or proposed outdoor lighting
S	<input type="checkbox"/>			Location of all proposed signs, with drawings of each sign
S	<input type="checkbox"/>			Location of Driveways and Specific Addresses for adjoining properties

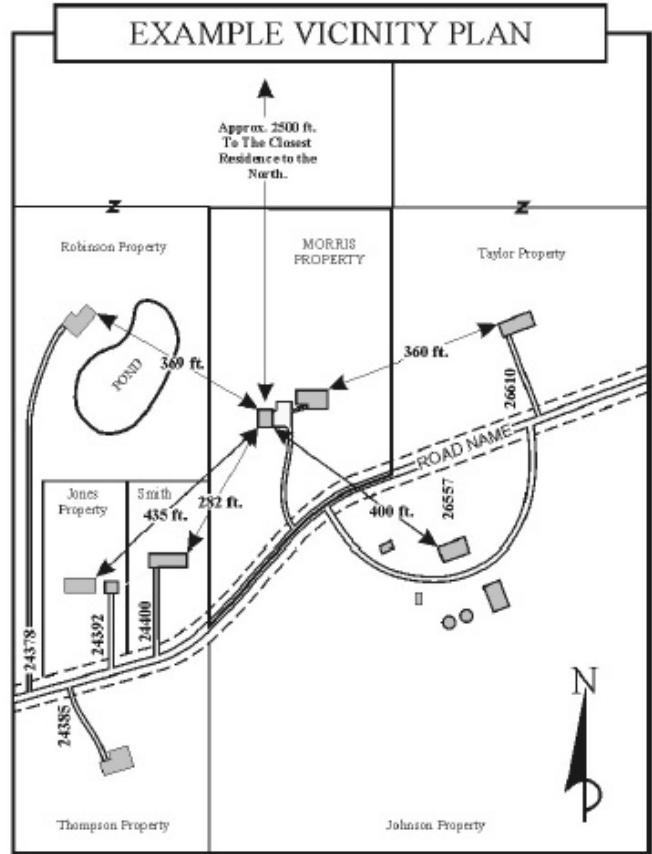
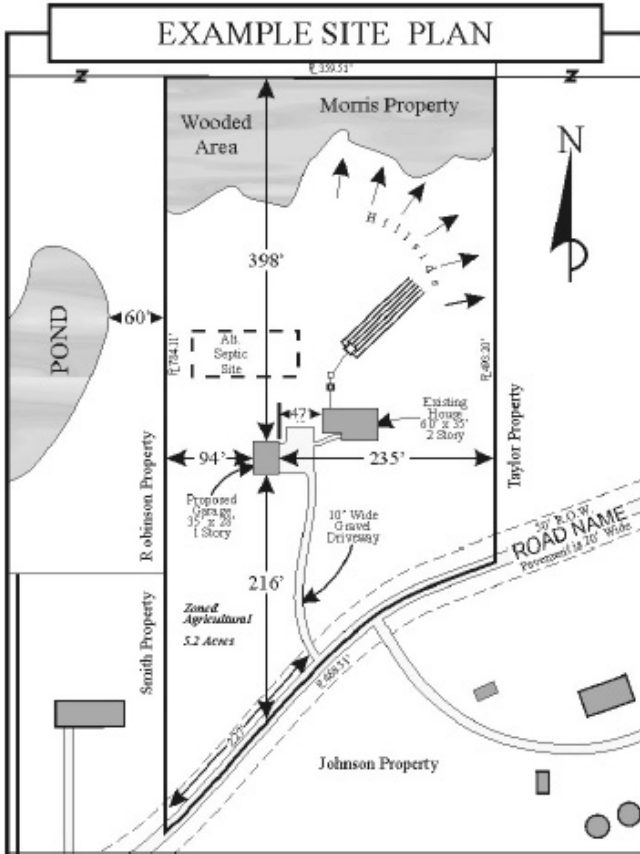
Information submitted shall be assumed to be complete and accurate. The applicant shall assume responsibility for errors, omissions, and/or inaccuracies resulting in an improper or incomplete application. All applicants should be prepared to answer questions concerning their application at the scheduled meeting. ***If, after the initial public hearing, additional information is needed beyond the minimum information required by the application, the Board can require the applicant to submit the equivalent of a Site Plan as detailed in Article 23 of the Dearborn County Zoning Ordinance.*** If the applicant wishes to table an item after it has been submitted, a request must be submitted in writing to the Office of the Plan Commission a minimum of three business (3) days prior to the meeting it is scheduled to be heard.

◆ **SITE EVALUATION**

The property owner's signature on the application grants permission for staff to enter onto the premises to evaluate the site for the specific request. Without the signature of the property owner, this application will not be processed.

+ BOARD APPROVAL

If the Board of Zoning Appeals approves a specific request, a permit must then be obtained from the Office of the Plan Commission. The type of permit shall be determined by the requirements of the Dearborn County Zoning Ordinance, which may include a Location Improvement Permit, Minor Site Plan Review, or Major Site Plan Review. An application for the required permit may be submitted to the Office of the Plan Commission on the next business day after the approval.





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BOARD OF ZONING APPEALS APPLICATION

Applicant / Contractor Information

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Owner Information (if different from above)

Name:		Phone No:	
Address:			
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

Site Information

Location:	Section:	Township (#): ()	Range:	Acreage:
Property Map #	Zoning:	Subdivision:	Lot:	

PLEASE NOTE: The Department of Planning & Zoning will need 6 copies of all site plan drawings, application forms, and other supporting information—as well as a list of all adjoining property owners.

VARIANCE Detail(s): _____

Date Received:	Fee, based on current Fee Schedule:	Receipt #
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*Please reference the current Fee Schedule for the Board of Zoning Appeals.

CONDITIONAL USE Proposed Use(s): _____

Date Received:	Fee, based on current Fee Schedule:	Receipt #
Proposed Square Footage of Building Space:	_____ sq. ft.	Zone Change Required? Y N
Proposed Hours of Operation:	Proposed Days of Operation:	
Will there be any outside storage associated with this request?	Y N	Expected Parking Needs: _____ spaces
**Utilities / Services:	Sewer: <input type="checkbox"/>	Water: <input type="checkbox"/>
	Electric: <input type="checkbox"/>	Gas: <input type="checkbox"/>
	Fire / EMS: <input type="checkbox"/>	Schools: <input type="checkbox"/>

**The Department of Planning & Zoning will determine whether letters from these entities will be required at the time of submittal.

APPEAL Detail(s): _____

Date Received:	Fee, based on current Fee Schedule:	Receipt #
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As applicant, I understand that this application and site plan are being submitted in accordance with the Dearborn County Zoning & Subdivision Control Ordinances, and that I am responsible for the accuracy and completeness of this information. Further, I have read and understood the instructions associated with this application and understand that incomplete or inaccurate information may result in the delay or denial of this request.

X

Applicant's Signature *Date*

X

Planning Official's Signature *Date*

DEARBORN COUNTY BOARD OF ZONING APPEALS INSTRUCTIONS

◆ **ADJOINING PROPERTY OWNERS** (To be completed by the applicant)

All individuals who are making a request to the Board are required to compile a list of all property owners that adjoin the subject site. Adjoining property owners include any person who owns land that shares a property line with the subject site, or adjoins along the centerline of any roadway. The adjoining property owners can be indicated in the space below, or on a separate sheet.

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

Name:			
Address:			
Street Address	City	State	Zip Code

To be completed by the Dearborn County Plan Commission Staff		
• Receipt #:	_____	Date: _____ Staff Initials: _____
• Is the Application Complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Scheduled Date of Public Hearing:	_____	
• Board Action:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> APPROVED WITH CONDITIONS <input type="checkbox"/> DENIED
• Conditions of Approval:	_____ _____ _____	
• Reasons for Denial:	_____ _____ _____	