

To: THE BOARD OF ZONING APPEALS  
LA PORTE COUNTY INDIANA

**PETITION FOR VARIANCE OF DEVELOPMENTAL STANDARDS**

We, the undersigned petitioners, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respectfully request to the Board as follows:

1. That the Petitioners are the legal owners/prospective buyers/lessees of the following described real estate situated in the County of La Porte, State of Indiana located at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If no address, then the closet intersection where the property is located as well as the Township in which the property is located.

2. The property is currently zoned \_\_\_\_\_ Acres: \_\_\_\_\_  
and the Petitions request a variance/special exception for \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. That the adjoining landowners as determined by the records of the La Porte County Auditor's Office has been notified (See attached Affidavit).

4. That this Petition will be heard before the La Porte County Board of Zoning Appeals  
On the \_\_\_\_\_ day of \_\_\_\_\_ (\_\_\_\_\_) at the La Porte  
County Complex at 6:00 p.m.

5. That the Petitioners believe the following:

- a. The approval will not be injurious to the public health, safety, morals or general welfare of the community.
  
- b. That the use and value of the area adjacent to the property involved will not be affected in a substantially adverse manner.
  
- c. The strict application of the terms of the zoning ordinance will result in practical difficulties in the use of the property. Practical difficulties shall result from exceptional or extraordinary circumstances or conditions applying to the property that do not apply generally to other property in the same zoning district. The variance shall be necessary for the preservation and enjoyment of a substantial property right similar to the possessed by other properties in the same zoning district.

WHEREFORE, the Petitioners respectfully pray that they be granted a variance for the above described real estate.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

_____ SIGNATURE
_____ ADDRESS
_____ PHONE NUMBER

_____ SIGNATURE
_____ ADDRESS
_____ PHONE NUMBER

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