

APPLICATION FOR

VARIANCE  SPECIAL EXCEPTION  REZONING OR ORDINANCE AMENDMENT  ALLY CLOSING

North Manchester, Indiana

No. \_\_\_\_\_

Date Filed \_\_\_\_\_

The undersigned agrees that any construction, reconstruction, enlargement, relocation, or alteration of structures, or any change in use of land or structures requested by the applicant will comply with and conform to all applicable laws of the State of Indiana and Ordinances of the Town of North Manchester, adopted under the authority of Chapter 174, Acts of the 1947 and all Acts amendatory or supplemental thereto, General Assembly of the State of Indiana.

Name of Applicant: \_\_\_\_\_ Phone# : \_\_\_\_\_ Cell#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Name and Address of Owner \_\_\_\_\_

Location of Property: Lot# \_\_\_\_\_ in \_\_\_\_\_

Description of proposed request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THIS PROPERTY IN THE FLOOD PLAN? YES NO Township: \_\_\_\_\_

Present use of Property:

Proposed Use:

Zoning Classification of Property:

\*NOTE: Application for an Improvement Location Permit must be accompanied by one copy of a plan of the premises drawn to scale and showing location of existing and proposed structures and other information as may be required.

\*\*NOTE: Every applicant for a building permit upon issuance of such building permit by the *Building Commissioner*, be deemed to have authorized the *Building Commissioner* and his authorized representatives to enter upon the premises covered by the building permit to perform any inspection which the *Building Commissioner* shall deem necessary for the enforcement of the *North Manchester Building Code*.

Signed: \_\_\_\_\_ Owner

By: \_\_\_\_\_ Agent

(SPACE BELOW TO BE FILLED IN BY BUILDING COMMISSIONER)

Received By: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Disposition Permit No. \_\_\_\_\_ Issued: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

If denied, state reasons: \_\_\_\_\_

\_\_\_\_\_

Board Action Required: \_\_\_\_\_ Date Filed \_\_\_\_\_

Commission Action Required: \_\_\_\_\_ Date \_\_\_\_\_

Action by Board: \_\_\_\_\_ Date \_\_\_\_\_

Action by Commission: \_\_\_\_\_ Date \_\_\_\_\_