



506 Main Street
Sheridan, Indiana 46069
Phone: (317) 758-5293

<p align="center">APPLICATION FOR VARIANCE FROM THE REQUIREMENTS OF THE MASTER PLAN PERMANENT ZONING ORDNANCE</p> <p>DOCKET NUMBER: _____</p> <p>HEARING DATE: _____</p>

NAME OF APPLICANT: _____ PHONE: _____

ADDRESS: _____

NAME OF OWNER: _____

LEGAL DESCRIPTION, LOT AND SUBDIVISION (OR ATTACH METES AND BOUNDS): _____

REASON FOR VARIANCE: _____

FULL STATE OF VARIANCE APPLIED FOR UNDER THE REQUIREMENTS OF THE MASTER PLAN: _____

THE ABOVE INFORMATION TO MY KNOWLEDGE AND BELIEF, IS TRUE AND CORRECT

SIGNATURE OF APPLICANT

STATE OF INDIANA, COUNTY OF HAMILTON, SS:

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____.

NOTARY PUBLIC SIGNATURE

NOTARY PRINTED

MY COMMISSION EXPIRES: _____

NOTICE OF PUBLIC HEARING

DOCKET NO. _____

The Sheridan Board of Zoning Appeals will hold a public hearing on the _____ day of _____, 20 _____ at _____ PM. The meeting will be held at the Sheridan Town Hall, 506 S. Main Street, Sheridan Indiana.

The hearing is to act upon a request for a _____ as set forth in the Zoning Code of Sheridan, Indiana. This request for a _____ brought by _____ . The property is located at _____ Sheridan, Indiana. This petition for a _____ is now identified as _____.

Interested persons desiring to present their views about this petition, either in writing or verbally, will be given the opportunity to be heard at the above-mentioned time and place.

Petitioner