

## **Board of Zoning Appeals Checklist:**

The following information must be provided the Tuesday following the regularly scheduled BZA meeting. BZA meetings are held the first Thursday of every month (except for holidays). BZA meetings are held at 414 N. Main St. Hobart, IN 46342 (Council Chambers upstairs). Conditional Uses must be filed 10 days prior to the Plan Commission meeting they wish to obtain a determination from the Plan Commission as required by ordinance. Once a Plan Commission determination is obtained, the conditional use will be set for public hearing.

**Filing Fee:** \$100.00, for each petition, payable to the City Of Hobart in the Clerk Treasurer’s Office; and \$30 public notice frame sign for public notice, \$20 of which is refundable once frame is returned with receipt. If an applicant applies after the deadline and can meet all Indiana Code notification requirements, they can pay twice the applicable filing fee and be placed on the next agenda.

**Preliminary Hearing:**

1. Application completed and signature notarized. A Power of Attorney letter is required when petitioner is not owner.
2. Complete Legal Description or Plat of Survey.
3. Site Plan drawn to scale showing existing and proposed structures with dimensions, driveways, and any roads the property has frontage on, and the dimensions from all structures to the property lines. Any additional information required by staff.
4. Petition packets must be mailed directly to the members of the Advisory Board of Zoning Appeals by the petitioner, once a petition number is assigned by staff.
5. Legal advertisement placed in a paper of local circulation at least 10 days prior to public hearing. Proof of publication must be presented to staff prior to public hearing.
6. Notification of adjacent property owners. This list is generated by City Of Hobart staff. Petitioner is responsible to contact via certified US Mail and return certification to staff prior to public hearing.
7. Place sign and frame at location at least 10 days prior to public hearing.
8. Appear before the Advisory Board of Zoning Appeals.

This is to certify that \_\_\_\_\_ (hereinafter “Petitioner”) is authorized to apply for a \_\_\_\_\_, concerning the attached described real estate. Said petition will appear before the City of Hobart Advisory Board of Zoning Appeals.

Petitioner \_\_\_\_\_ Printed Name \_\_\_\_\_

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Clerk’s Stamp

Zoning Administrator’s Stamp

**City of Hobart:**

**Application to the Advisory Board of Zoning Appeals**

Planning Department: (219) 942-7985

[planning@cityofhobart.org](mailto:planning@cityofhobart.org)



**Petitioner:** Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner:** Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**Property:**

Address: \_\_\_\_\_ Size: \_\_\_\_\_

18 digit parcel number: \_\_\_\_\_

General Location: \_\_\_\_\_

\_\_\_\_\_

Zoning District: \_\_\_\_\_ Current Use: \_\_\_\_\_

Variance from Development Standards: \_\_\_\_\_ Variance of Use \_\_\_\_\_ Conditional Use

Ordinance: \_\_\_\_\_

Requirement: \_\_\_\_\_

Purpose of petition: \_\_\_\_\_

Is this property currently in violation of the Hobart Municipal Code:                   yes                   no

Variance from Development Standards  
Findings of Fact

*Advisory Board of Zoning Appeals  
City of Hobart, Indiana*

- 1) The approval will not be injurious to the public health, safety, morals, and general welfare of the community?

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- 2) The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner?

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- 3) The strict application of the terms of the zoning ordinance will result in practical difficulties in the use of the property for which the Variance is sought?

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\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Date

*BZA Decision:*

It is therefore the recommendation of the City of Hobart Advisory Board of Zoning Appeals that this Variance from Development Standards be:

Granted

Denied

*BZA Findings of Fact and Conditions:*

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\_\_\_\_\_  
President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Date