

**City of Columbus - Bartholomew County Planning Department**  
**Use Variance Application**

Submit applications and materials by e-mail to [planning@columbus.in.gov](mailto:planning@columbus.in.gov). If questions, please call: 812.376.2550.  
Submittal instructions available at <https://www.columbus.in.gov/planning/applications-forms/>.

**To be Completed by the Planning Department**

Pre-submittal Meeting on (date): \_\_\_\_\_ by (initials): \_\_\_\_\_

Application Received on (date): \_\_\_\_\_ by (initials): \_\_\_\_\_

Jurisdiction: ☐ Columbus ☐ Bartholomew County ☐ Joint District

Hearing Procedure: ☐ Board of Zoning Appeals ☐ Hearing Officer (see IC 36-7-923(a)(3) for use variance eligibility)

Case Reference No.: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Property Owner Name (from GIS): \_\_\_\_\_

**To be Completed by the Applicant**

**STOP! All applicants must meet with a Planning Department staff member before completing this application. Please contact the Department at 812.376.2550 at least 1 week prior to the Board of Zoning Appeals application deadline to schedule a meeting.**

**Representative Information (if other than the applicant):**

*Complete this section if a contractor, surveyor, attorney, or other person will act on behalf of the applicant and all correspondence regarding the application should be directed to them (if not, please indicate "none" for the Representative Person's Name below).*

Representative Person's Name: \_\_\_\_\_

Representative's Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**All correspondence will be by e-mail unless another method has been agreed upon by the Planning Department.**

**Applicant Information:**

*Please identify the property owner, business, institution, or other entity that is making the request. Do NOT list here a contractor, surveyor, attorney, or other representative (see Representative Information section above).*

Applicant Name: \_\_\_\_\_

Applicant Type: ☐ Individual(s) ☐ Partnership ☐ Corporation ☐ LLC ☐ Estate ☐ Trust ☐ Other

Applicant Contact Person Name: \_\_\_\_\_

*Please include a contact person name if the applicant is a land development company, institution, business, or other type of entity.*

Mailing Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

Phone No.: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**All correspondence will be by e-mail unless another method has been agreed upon by the Planning Department.**

**Variance Requested:**

I am requesting a variance from Section \_\_\_\_\_ of the Zoning Ordinance to allow the property to be used for the following (as defined by the zoning ordinance):

\_\_\_\_\_

Detailed Use Description (Optional):

Please describe the proposed use in additional detail, if needed:

Property / Location Information:

Property Address (if an address has been assigned):

(number)(street)(city)

or Parcel Number(s):

or General Location:

(a street corner, subdivision lot number(s), etc.)

Variance Request Justification / Criteria:

The Columbus & Bartholomew County Zoning Ordinance establishes specific criteria that all must be met in order for a use variance to be approved. Describe how the variance request meets each and every one of the following criteria. Feel free to attached an additional sheet with responses if necessary.

1. The approval will not be injurious to the public health, safety, morals, and general welfare of the community. For example: What harm could come from approving the variance? Would it create any public safety issues? Why or why not?
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. For example: What impacts can the neighbors realistically expect to the use of their property and to their property values? Will approval of the variance cause any negative impacts to the neighbors? Why or why not?
3. The need for the variance arises from some condition peculiar to the property involved. For example: Is there some unique problem with the site that limits how it can be used? If so, what is that problem (size or configuration of the site, layout, topography, availability or location of utilities, etc.)?
4. The strict application of the terms of the Zoning Ordinance will constitute an unnecessary hardship as they are applied to the property for which the variance is sought. For example: the property is zoned . What are the reasons the property cannot be used as it is currently zoned? What would prohibit the property from being the location of any of the permitted or conditional uses (existing structure is not usable for permitted uses, size or configuration of the lot, etc.)?

5. **The granting of the variance does not interfere substantially with the Comprehensive Plan.** If the property is located in the jurisdiction of the City of Columbus visit <https://www.columbus.in.gov/planning/comprehensive-plans/>. If the property is in the jurisdiction of Bartholomew County visit <https://www.columbus.in.gov/planning/comprehensive-plans/comprehensive-county-plans/>. Include statements or concepts that support the request.

**Application Fee Refund Information:**

The adopted Planning Department Schedule of Application Fees provides for the refunding of the application fee for this request if it is approved by the Board of Zoning Appeals. The refund will be provided by mail in the form of a check. It may take several weeks after the Board of Zoning Appeals approval to process the refund and issue the check. Please indicate to whom any refund should be provided:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(number) (street) (city) (state) (zip)

**Representative or Applicant Signature / Acknowledgement:**

*If a representative has been designated on page 1, that representative must sign below. If no representative is designated, the applicant, as indicated on page 1, must sign below. Acceptable signatures include traditional “wet” by hand signatures, electronically verified signatures, or digital signatures using a script font or signature stamp.*

The undersigned acknowledges that the information included in and with this application is completely true and correct to the best of his/her knowledge and belief.

\_\_\_\_\_  
(Representative or Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Representative or Applicant Printed Name)

\_\_\_\_\_  
(Title / Position, if Applicable)

*See Required Property Owner Signature(s) on Next Page*

**Property Owner Signature(s):**

Applications submitted without all property owner(s) or their legally authorized representative(s) signatures will NOT be processed. Acceptable signatures include traditional “wet” by hand signatures, electronically verified signatures, or digital signatures using a script font or signature stamp. The property owner does NOT include a tenant or contract buyer.

The Planning Department is NOT responsible for verifying the authenticity of signatures, confirming the signer’s authority, or for any misrepresentation by those signing.

Those who have signed below acknowledge that the information included in and with this application is completely true and correct to the best of his/her knowledge and belief. The undersigned authorize(s) the filing of this application and allows the Planning Department staff to enter this property to analyze this request. Further, the undersigned understand that a public notice sign may be placed and remain on the property until the processing of the request is complete.

For Property Owned by an Individual or Individuals:

If the property is titled/owned individually or jointly held by multiple individuals (such as a married couple, tenants-in-common, or jointly with rights of survivorship, for example), each living individual must sign below. Those signing below due to power of attorney for an owner must attach documentation of that power of attorney.

\_\_\_\_\_  
(Property Owner #1 Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Property Owner #2 Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Property Owner #3 Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Property Owner #4 Signature) (Printed Name) (Date)

For Property Owned by a Partnership, Corporation, LLC, Estate, Trust, or other Entity:

If the property is titled/owned by a trust, corporation, estate, institution, business, or other entity, an appropriate representative of that entity must sign below and indicate his/her title, position, role, or other legally authorized capacity in which they are signing on behalf of that entity.

Description of Signer’s Ownership Role or Representation: \_\_\_\_\_

\_\_\_\_\_  
(Signature) (Printed Name) (Date)