



CICERO/JACKSON TOWNSHIP PLAN COMMISSION

VARIANCE REQUIREMENTS CHECKLIST

Submit a completed application to the Board Office along with the required supporting information thirty (30) days prior to the hearing date.

Submit the original application and ten (10) copies for Plan Commission or seven (7) copies for Board of Zoning Appeals of the Site Plan showing existing features, buildings and the proposed changes to property requiring the variance. (Please include 1 electronic copy).

Submit the original ten (10) copies for Plan Commission or seven (7) copies for Board of Zoning Appeals of any plans, drawings, sketches, photos, elevations that will help explain the variance to the Board members. (Please include 1 electronic copy).

Submit the original ten (10) copies for Plan Commission or seven (7) copies for Board of Zoning Appeals of the Petitioner's List of Findings or reasons why the Board should approve the Variance.

Please Note: In accordance with Town of Cicero Municipal Code of Ordinances Section No: 36.03, fees shall be charged for every copy, photocopy or additional documents that are reproduced by the Plan Commission that were originally required in the application package. Those fees may range from \$0.20 to \$0.70 per copy depending on size of paper and color needed..

Submit one (1) Certified list of adjacent and abutting property owners two properties deep or 600 feet whichever is less. **List must be no more than thirty (30) days old.** Subject property shall include all contiguous and bi-contiguous property (including across the road, easements, bodies of water, etc.) owned by the current property owner. **Note: The list may take five to seven days to obtain.**

Petitioner is Responsible for obtaining list and certified list can be obtained from:

Hamilton County Office of Transfers and Mapping

33 North 9th St. (Located in the old courthouse)

Noblesville, IN 46060 www.hamiltoncounty.in.gov/369/Adjoiner-Property-Notifications

Once all variance fees have been paid and the necessary information has been submitted to the Board Office, the docket number will be assigned and the legal notice will be processed.

The legal notice shall be sent to the petitioners required adjacent property owners by certified/return receipts mail.

The petitioner is responsible for mailings to the required adjacent property owners.

The legal notice shall be published in The Hamilton County Reporter Newspaper or The Noblesville Times Newspaper a minimum of ten (10) days prior to the day of the Board meeting, not including the day of the meeting. The Hamilton County Reporter is published on Mondays. The Noblesville Times is published daily except Sunday, Tuesday, and U.S. Postal Holidays.

Stu Clampitt-Public Notice Advertising
Hamilton County Reporter Newspaper
136 S. 9th Street, Suite 12
Noblesville, IN 46060

Phone: (765) 365.2316 [Direct Line]
PublicNotices@ReadTheReporter.com
Stu.Clampitt@gmail.com

The Noblesville Times Phone: 765-361-0100
Attn: Public Notices Email: legals@thetimes24-7.com

Obtain property sign from the Board Office showing the "Notice of Public Hearing" having required information put on the sign and placed on the property for which the variance is being requested no less than ten (10) days prior to the Board meeting, not including the day of the meeting.

Three (3) days prior to the Board meeting, proof of publication in the Hamilton County Reporter Newspaper or The Noblesville Times Newspaper and certified receipts from the adjacent property owner mailings shall be submitted to the Board office.


Note: Owners of property, their attorney, or a representative with power of attorney **SHALL** be present at the Board meeting/hearing concerning the variance petition and **be prepared to address (speak to)** the Board. If no representative is present, the hearing will be tabled until the next available meeting.


LEGAL REQUIREMENTS FOR MAIL NOTIFICATION

Both are required:

Certified Mail Receipt

Return Receipt Card

7020 1290 0000 5518 9843	PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.	CERTIFIED MAIL		7020 1290 0000 5518 9843	7020 1290 0000 5518 9843
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>					
For delivery information, visit our website at www.usps.com ®.					
OFFICIAL USE					
Certified Mail Fee \$			Postmark Here		
Extra Services & Fees (check box, add fee as appropriate)					
<input type="checkbox"/> Return Receipt (hardcopy) \$					
<input type="checkbox"/> Return Receipt (electronic) \$					
<input type="checkbox"/> Certified Mail Restricted Delivery \$					
<input type="checkbox"/> Adult Signature Required \$					
<input type="checkbox"/> Adult Signature Restricted Delivery \$					
Postage \$					
Total Postage and Fees \$					
Sent To					
Street and Apt. No., or PO Box No.					
City, State, ZIP+4®					
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions					

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">Complete items 1, 2, and 3.Print your name and address on the reverse so that we can return the card to you.Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to:	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 6357 0296 8346 12	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)
2. Article Number (Transfer from service label)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2020 PSN 7530-02-000-9053 Domestic Return Receipt



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REZONE APPLICATION

OFFICE USE ONLY

Rezone Category		Docket #:
<input type="checkbox"/> Commercial	<input type="checkbox"/> PUD	Date of Application:
<input type="checkbox"/> Residential	<input type="checkbox"/> Other	Date of Expiration:
Check List		Rezoning Fee:
<input type="checkbox"/> Adjoiner List	<input type="checkbox"/> Legal Notice Copy	Date of Hearing:
<input type="checkbox"/> Certified Mail Receipts	<input type="checkbox"/> Property Sign	Date of Decision:
<input type="checkbox"/> Additional Applications	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved

APPLICANT MUST COMPLETE THE FOLLOWING

Property Owner:		
Address:		
City:	State:	ZIP Code:
Telephone:	Fax:	E-mail:
Project Address:		
City: Cicero	State:	ZIP Code:
Parcel:	Subdivision:	
General Contractor/ Builder:	Telephone:	
Address:	Fax:	
City:	Cell Phone:	
State:	ZIP Code:	Email:
Current Zoning:		
Proposed Zoning:		
Reason for rezone:		
Proposed use of rezoned property:		

