



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 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. Legal Notices must be submitted no later than 11:00 am, 2 business days prior to publication.

Stu Clampitt-Public Notice Advertising Phone: (765) 365.2316 [Direct Line]
Hamilton County Reporter Newspaper Stu.Clampitt@gmail.com
136 S. 9th Street, Suite 12
Noblesville, IN 46060

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 TICKET AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, HOLD AS DOTTED LINE
CERTIFIED MAIL




7020 1290 0000 5518 9843
 7020 1290 0000 5518 9843

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$ _____ Extra Services & Fees (check box, add fee as appropriate) <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ _____</td> </tr> </table>	<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	\$ _____	Postmark Here
<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® _____											

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY																
<ul style="list-style-type: none"> <input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature</p> <p>X _____ <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>																
<p>1. Article Addressed to:</p> 	<p>3. Service Type</p> <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																
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<div style="text-align: center;">  <p>9590 9402 6357 0296 8346 12</p> </div> <p>2. Article Number (Transfer from service label)</p>																	



The Cicero/Jackson Township Plan Commission would like to remind our community that we will never request payment through any wire transfer service. If you receive a message or call asking for a wire transfer on our behalf, please know it is not legitimate. We encourage you to report the request and reach out to our office directly.

CICERO / JACKSON TOWNSHIP PLAN COMMISSION 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:		

