



# FORM-BASED CODE COMMITTEE MINOR MODIFICATION APPLICATION



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Date Applied: \_\_\_\_\_ Permit Number: \_\_\_\_\_ Received By: \_\_\_\_\_

## General Information and Instructions

Please fill this Minor Modification Application out *completely*. Type or print your information legibly. The applicant is also aware that modifications cannot “significantly impact adjacent property owners, the character of the area, traffic conditions, parking, public infrastructure, water quality management and other matters affecting the public health, safety and general welfare” (Sec. 38-696. (4) C).

### 1. Contact Information

**Property Owner(s) Name:** \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

**Applicant/Agent Name:** \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

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

### 2. Property Information

**Property Address** (for which the modification is requested) :

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

City, State, Zip Code: \_\_\_\_\_

Zoning: \_\_\_\_\_ Council District: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

A. Is this property a Lot of Record?  Yes  No If yes, you must provide proof that the lot was legally platted with the Hamilton County Register of Deeds on or before June 20, 1961.

B. Do you own the property?  Yes  No If no, what is your interest? \_\_\_\_\_

### 3. Variance Request Information

A. What physical conditions on the property create the hardship? (Check all that apply)

- Unusual Shape     
  Topography     
  Easements     
  Existing Development  
 Drainage     
  Floodplain     
  Other: \_\_\_\_\_

B. Explain your specific request(s):

Number	Type of Variance	Code Requirement	Variance Request
<i>Example</i>	Setback	10 ft side setback	Reduction of setback to 7 ft due to narrow lot.
1.			
2.			



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#### 4. Staff Decision

Was approval given?  Yes  No

If Yes, why was the minor modification granted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minor Modification decision made by:

\_\_\_\_\_  
Land Development Employee (Print Name) Date

\_\_\_\_\_  
Land Development Employee Signature

#### 5. Signature

I (We) certify that the facts set out in the forgoing request are true to the best of my knowledge. In the event any information given is found to be false, any decision rendered may be revoked at any time. I (We) understand that failure to provide adequate and complete information shall be the grounds for denial of this application.

In the event that the applicant/agent is not the owner, I (we) certify that the listed individual as the applicant/agent has the power and permission to represent the owner in this application and all matters related to it.

\_\_\_\_\_  
Applicant/Agent or Owner (Print Name) Date

\_\_\_\_\_  
Applicant/Agent or Owner Signature