

CITY OF LEBANON
APPLICATION FOR VARIANCE
STATEMENT OF INTENT

FILE

AUG 14 2023

CITY OF LEBANON
Planning & Zoning Department

Docket # 23-59

This application and all accompanying information must be completed and filed in the City of Lebanon Planning & Zoning Office not less than 15 days prior to the regular meeting of the City Board of Zoning Appeals.

1. **Applicant:** Name Rita J. Bradley Phone # 317-440-5856
Address 929 Jackson St, Lebanon, IN 46050
E-Mail Address: Ritajb7@gmail.com
2. **Property Owner:** Name Rita J. Bradley Phone # 317-440-5856
Address 929 Jackson St, Lebanon, IN 46050
E-Mail Address: Ritajb7@gmail.com

3. **Applicants agent, attorney or other contact (if any):**

Name _____ Phone # _____

Address _____

E-Mail Address: _____

4. **Subject Property:**

Street or road #/ address of subject property: 929 Jackson St, Lebanon

Zoning Classification of Property: SF-2

Legal Description of property (attach sheet) JACKSON Highway lot 13

Size of property (dimensions and /or acreage): _____

Current use of property: SINGLE Family RESIDENTIAL

Comprehensive Plan Designation: 120' X 130'

5. **Requested Variance** (provide a detailed description of variances requested): Remove hail damaged patio roof & replace w/ gable roof

6. **Site Survey:** Attach a survey of the property drawn to scale showing the dimensions of the property, all required setbacks, and the size and location of all existing and proposed buildings and other improvements, including but not limited to those involving the requested variances...

I affirm that the information contained in the application and its supplements is true and correct.

Date 8/14/23 Signature Rita J. Bradley

VARIANCE FROM DEVELOPMENT STANDARDS

PROPOSED FINDINGS OF FACT

Pursuant to state statute and the Lebanon Unified Development Ordinance, the Board of Zoning Appeals must find that each of the following conditions is satisfied in order to grant a variance from the development standards in the Ordinance. It is your burden to demonstrate that each of these factors is satisfied. In the space provided, please indicate how you believe the facts or circumstances in your case satisfy each factor.
Attach additional sheets if needed.

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

No

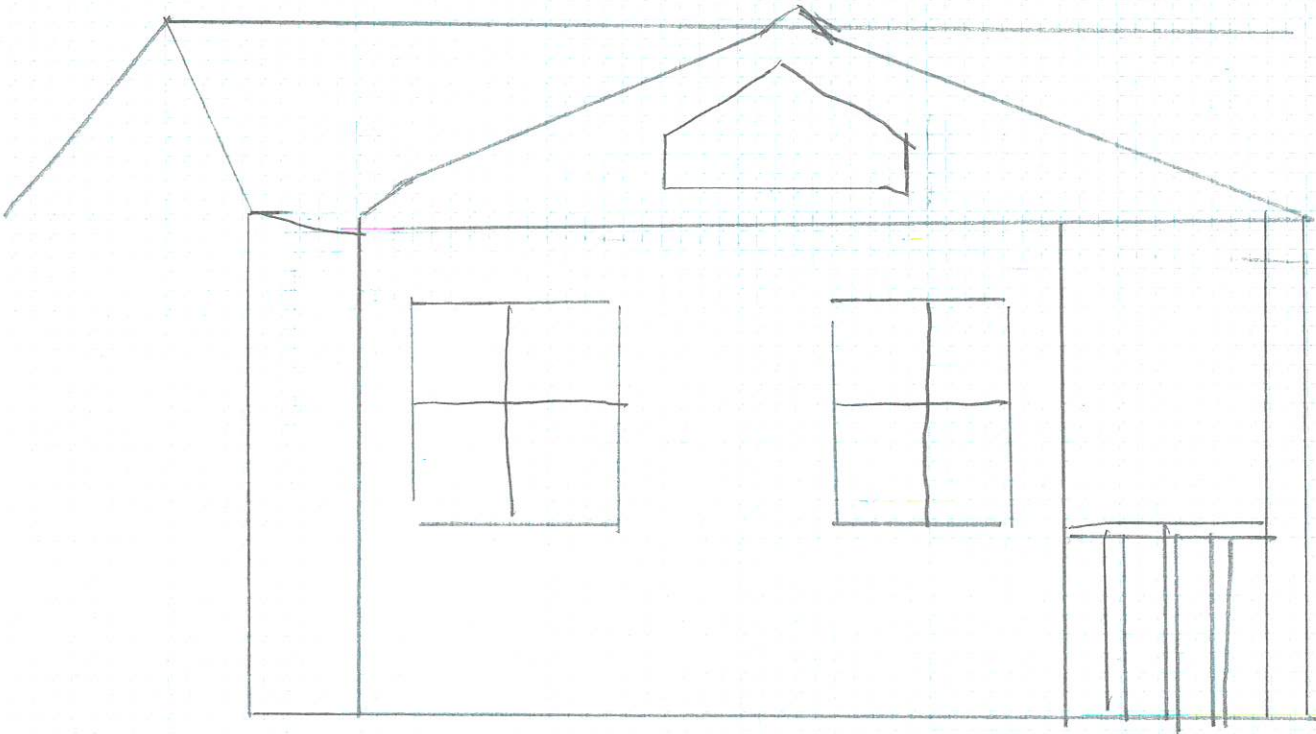
2. The use and value of the area adjacent to the property included in the variance will not be affected in a substantially adverse manner.

No

3. The strict application of the terms of the Unified Development Ordinance will result in practical difficulties in the use of the property.

Yes

Rita Bradley
929 Jackson St.
Lebanon, IN 46052
317-440-5856



AFFIDAVIT AND CONSENT OF PROPERTY OWNER

If the owner(s) of the subject is/are giving authorization for someone else to apply for the variance, this Affidavit must be completed and signed by the owner(s), and submitted with the Application.

I (we) Rita J. Bradley, being duly sworn, state as follows:
(owner of subject property)

1. I am a competent adult, over 21 years of age, and have personal knowledge of the matters stated in this affidavit.

2. I (we) am (are) the owner(s) of the property commonly known or legally described as

929 Jackson Street, Lebanon, IN 46052
(property address or legal description)

3. I (we) are aware of the variance requested by Rita Bradley,
(applicant's name)

relating to my property, and I (we) authorize the applicant to seek this variance.

I affirm under the penalties of perjury that the foregoing statements are true and correct.

Rita Bradley
Signature

8/14/23
Date

Signature

Date



PLANNING & ZONING DEPARTMENT

One Municipal Plaza
401 S. Meridian St.
2ND Floor
Lebanon, IN 46052

Permit #: 20231082

Permit Type:

Address: 929 JACKSON ST

City:

State:

Zip:

Owner: BRADLEY RITA JOAN

Owner Address: 929 JACKSON ST

Owner City: LEBANON, IN 46052

Owner State:

Owner Zip:

Owner Phone:

Owner Email:

Receipt #: 5245

Date: 08/14/2023

Paid By: Rita Bradley

Description:

Payment Type:

Payment Type Description: check 375

Accepted By: Kristi Spencer

Fees Paid

Fee Name	Fee Type	Description	Factor	Total Fee Amount	Amount Paid
Variance - Residential	Building		0.00	250.00	250.00
				Total:	\$250.00