



### Variance Application

HAMILTON COUNTY SURVEYORS OFFICE  
One Hamilton County Square, Suite 188  
Noblesville, Indiana 46060  
317-776-8495 fax: 317-776-9628

Type of Variance: \_\_\_\_\_ Deviation from Standards \_\_\_\_\_ Standard Number  
\_\_\_\_\_ Deviation from Ordinance \_\_\_\_\_ Ordinance & Section

Drain Name: \_\_\_\_\_ Township: \_\_\_\_\_

Project Name: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Variance Requested: \_\_\_\_\_

Reason for Variance: \_\_\_\_\_

*I hereby request permission to vary from the standards of the Hamilton County Surveyor's Office or an ordinance of Hamilton County. I request to be placed on the agenda of the Hamilton County Drainage Board for consideration of this variance request.*

\_\_\_\_\_  
Applicant's Signature Title Date

**\*\*\*FOR BOARD USE ONLY\*\*\***

**AGREEMENT WILL BECOME EFFECTIVE UPON APPROVAL. SIGNED THIS  
\_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_. BY THE  
HAMILTON COUNTY DRAINAGE BOARD.**

\_\_\_\_\_  
PRESIDENT OF DRAINAGE BOARD

\_\_\_\_\_  
MEMBER OF DRAINAGE BOARD

\_\_\_\_\_  
MEMBER OF DRAINAGE BOARD

**\*\*\*SURVEYOR'S OFFICE USE ONLY\*\*\***

Permit #: \_\_\_\_\_ Check: \_\_\_\_\_ Review Date: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Surveyor Reviewed: \_\_\_\_\_

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

Project : \_\_\_\_\_

*This section to be completed by Notary*

**Notary**

STATE OF INDIANA        )  
  ) SS:  
COUNTY OF HAMILTON )

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the within named \_\_\_\_\_ as applicant and acknowledged the execution of the foregoing document.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary Public,

\_\_\_\_\_  
Printed Name

Residing in \_\_\_\_\_ County, IN

My Commission Expires: \_\_\_\_\_

*This section to be completed by Drainage Board Secretary*

ATTEST:

\_\_\_\_\_  
Lynette Mosbaugh, Secretary

*Redact Statement*

“I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law:   Kenton C. Ward, Surveyor  ”

Prepared by the Hamilton County Drainage Board:   Michael A. Howard, Attorney