



NOBLE COUNTY HEALTH DEPARTMENT

2090 N. State Road 9, Suite C
Albion, Indiana 46701

Telephone: (260) 636-2191
Fax: (260) 636-2192
Clinic/ Nurse: (260)-636-2978
Clinic Fax: (260) 636-3753

Variance/Appeal Application

Request for variance from the Ordinance 31998-16, Section 16-1-3-13

Name of Applicant: _____ Phone Number: _____

Address: _____
City: _____ State: _____ Zip: _____

Premises Affected:

Address: _____
City: _____ State: _____ Zip: _____

Lot: _____ Subdivision: _____ Township: _____ Section: _____

Parcel Number: _____ Acres / Square Feet: _____

Detailed description of the variance applied for and full statement of reasons for variance or reasons for appeal: _____

NOTE: Needed is a detailed layout of the area involved showing locations of well and septic systems involved, lot measurements, roads, lakes, any topographical circumstances that will affect any development.

THE ABOVE INFORMATION, TO MY KNOWLEDGE & BELIEF, IS TRUE & CORRECT.

Date: _____ Signature: _____

This is to verify \$50.00 was received this day _____ of _____, 20_____.
For a variance/appeal application fee, by _____ Rec. Number: _____

Date & Place of public hearing _____ 6:30 P.M., South Office
Complex, Albion.

APPEAL OR VARIANCE: _____ Granted: _____ Denied: _____

If Granted, Subjected to following conditions: _____

If Denied, reasons: _____

Health Officer

Board Chairman

NOBLE COUNTY HEALTH DEPARTMENT

1500 N. State Road 8, Suite C
Ellettsville, Indiana 47201

Telephone: (317) 896-2141
Fax: (317) 896-2192
Clinic Hours: (317) 896-2378
Clinic Fax: (317) 896-2727

Variance Request Application

Request for variance from the Ordinance 22-10-10, Section 10-1-5-13

Name of Applicant: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____
 City: _____ State: _____ Zip: _____
 Parcel Number: _____
 Subdivision: _____
 Area/Variance Request: _____
 Detailed description of the variance applied for and full statement of reasons for the variance: _____

NOTE: Needed is a detailed drawing showing location of wetland and public systems involved for measurement, roads, lakes, any topographical features that will effect any government.

THE ABOVE INFORMATION TO MY KNOWLEDGE & BELIEF IS TRUE & CORRECT.

Signature: _____ Date: _____

This is to verify \$20.00 was received this day _____ of _____ 20____
 for a variance request application fee by _____ Fee Number: _____
 Noble County Health Department, 1500 N. State Road 8, Suite C, Ellettsville, Indiana 47201

Signature: _____ Title: _____
 LOCAL OR VARIANCE: _____

If Contact, Subjected to following conditions: _____

If denied, reasons: _____

Signature: _____ Health Officer
 Signature: _____