



### BZVU-25-2

Application for Variance  
Of Use

Status: Active

Submitted On: 1/21/2025

### Primary Location

723 W MAIN ST  
MADISON, IN 47250

### Owner

AUXIER MARJORIE  
MAIN ST 723 MADISON, IN  
47250-3130

### Applicant

Joel Ferguson  
 812-599-9295  
 joelferguson1021@gmail.com  
 723 West Main Street  
Madison, IN 47250

## General Information

Are you the property owner?\*

No

## Property Owner Information

Property Owner Name\*

Margie Webb

Mailing Street Address\*

721 West Main Street

City\*

Madison

State\*

Indiana

Zip Code\*

47250

Phone Number\*

812-614-7390

Email

# Permit Information

**Address and/or Legal Description of Property\***

723 West Main St, Madison, Indiana 47250

**Zoning Classification\***

Specialty District

**Description of Existing Use\***

Photography Studio.

**Schedule of Use Category #\***

622

**Description of Proposed Use\***

Photography Studio.

## Narrative

**Are there any special conditions and circumstances existing which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same district?\***

No, but photographic services are not permitted in zoning classification, SD.

**Will literal interpretation of the provisions of this ordinance deprive the applicant of rights commonly enjoyed by other properties in the same district under the terms of the Zoning Ordinance?\***

Yes, zoning classification SD does not permit category 622 uses.

**Do special conditions and circumstances result from the actions of the applicant?\***

No, nothing on the interior will be changed. Just requesting a variance of use to operate the business.

**Will the variance requested confer on the applicant special privilege(s) that is denied by Zoning Ordinance to other lands, structures, or buildings?\***


Yes, but the previous tenant used the property similarly.

## Acknowledgement

*Certified letters MUST be mailed to adjoining property owners (includes owners of real estate at corners, accross streets, alleys or easements as well as others who may share a common boundary) at least ten (10) days prior to the meeting. The Planning Office can assist you in obtaining this information. Proof of the Certified Mail receipts and the corresponding returned green cards shall be given to the Planning Office at least one (1) working day prior to the scheduled meeting. The Board will not review the application unless these are received.*

**I certify that the information provided in this application is true and accurate to the best of my ability and I understand and agree to the Certified mail stipulations.**

**Digital Signature\***

 Joel R. Ferguson  
Jan 21, 2025

PROPERTY OWNER AUTHORIZATION FORM

We, Margie Webb hereby authorize  
(Property Owner(s) - Please Print)

Joel R. Ferguson representative for Sacred Vow Photography  
(Applicant's Name) (Company, Firm, Organization)

to make application for a Variance of use from specialty Dist.  
(Type of Permit)  
Photographic services at  
(Description of Proposed Work)

723 W Main St.  
(Property Address)  
Madison IN 47250  
(City, State, Zip Code)

Margie Webb  
(Property Owner Signature)

1-21-25  
(Date)

