

Town of Plainfield
Development Plan for
Architectural and Site Design
Review

FOR OFFICE USE ONLY:

Petition DP- _____ - _____

Public Hearing Date: _____

Fees: \$ _____

Date of Approval: _____

1. **NAME OF PROJECT:** HENDRICKS REGIONAL HEALTH
PLAINFIELD WEST MEDICAL OFFICE BUILDING

2. **ADDRESS OF PROJECT:** 5328 EAST US HWY 40
PLAINFIELD, IN 46168

3. **APPLICANT/PROPERTY OWNER:**

Applicant:

Name: Hendricks County Hospital (DBA Hendricks Regional Health)

Address: 1000 East Main Street

Danville, IN 46122

Phone Number: 317-797-8447

Fax Number: 317-272-2410

E-Mail: msells@kruseconsulting.com

Owner:

Name: Same as Applicant

Address:

Phone Number:

Fax Number

E-Mail:

4. **PROJECT INFORMATION:**

Existing Use of Property: Vacant with abandoned buildings

Area in Acres: 15.229

Current Zoning: PUD

Approval Requested: _____ R-6 District

_____ Town Center

_____ RU of MU District

X Gateway Corridor

_____ 600' from Residential

_____ PUD Preliminary Plan

_____ PUD Final Detailed Plan

Waivers (if Any): None

The undersigned, having been duly sworn on oath states that the above information is true and correct as he is informed and believes.

Signature of Applicant: _____ **Date:** October 22, 2018

Printed Name and Title: Michael R. Sells, Authorized Agent

State of Indiana)

County of Hendricks) SS:

Subscribed and sworn to before me this 22nd day of October, 2018.

Notary Public Signature /Joel T. Brame
Printed

Residing in Hendricks County My Commission expires: March 3, 2021