

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: INTEGRITY BEHAVIORAL SOLUTIONS

2. ADDRESS OF PROJECT: 1599 TOWNSHIP LINE RD., PLAINFIELD, IN 46168

3. APPLICANT/PROPERTY OWNER:

Applicant:
 INTEGRITY BEHAVIORAL SOLUTIONS, LLC
 Name: KYLE BOYLL
 Address: 1599 TOWNSHIP LINE RD.
PLAINFIELD, IN 46168
 Phone Number: 317-914-3176
 Fax Number: N/A
 E-Mail: KYLE@INTEGRITYABA.COM

Owner:
 Name: KAL PROPERTY GROUP, LLC
 Address: 1599 TOWNSHIP LINE RD.
PLAINFIELD, IN 46168
 Phone Number: 317-914-3176
 Fax Number: N/A
 E-Mail: KYLE@INTEGRITYABA.COM

4. PROJECT INFORMATION:

Existing Use of Property: BUSINESS

Area in acres: 0.63 Current Zoning: OD

Approval Requested: R-6 District Town Center RU or MU District
 x Gateway Corridor x 600' from Residential
 PUD Preliminary Plan PUD Final Detailed Plan

Waivers (if any): _____

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

Signature of Applicant: KYLE BOYLL Date: 11/29/18

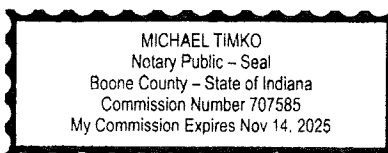
Printed Name & Title: Kyle Boyll Business Manager

State of Indiana)
 County of Hendricks) SS:

Subscribed and sworn to before me this 29 day of NOVEMBER, 2018

| MICHAEL TIMKO
 Notary Public Signature Printed Name

Residing in BOONE County My Commission expires NOV. 14, 2025



Architectural & Site Design Review Checklist & Contact Information

(Please COMPLETE this form and file with the Petition for Development Plan Approval)

Checklist:

An application packet for a Development Plan shall include the following items:

- Completed, Notarized Development Plan Petition.
- Legal Description of Property.
- Proof of Ownership (*Warranty Deed*).
- Authorization from Owner (*if Applicant is not the Owner*).
- List of Interested Parties (*This is a list of all persons or groups who own property within six-hundred (600) feet or two ownerships from the property, whichever is less.*)
- Initial Filing of Plans:** [NOTE: All Initial Filing Plans will be distributed to Staff and DRC for review. A Re-Filing of Plans for Plan Commission review, including all plans including necessary revisions, shall be submitted by **12:00 noon** on the Friday immediately following the DRC Meeting (See Project Schedule for exact dates). The Re-Filing of Plans shall include: (i) a CD containing a digital copy of all plans in: (a) DWG format; and, (b) either JPEG, TIFF or PDF format; and, (ii) ten (10) sets of full sized plans **OR** ten (10) sets of plans in 11" X 17" booklet format AND one (1) set of full sized plans.]
 - 9 **folded** copies of the Site Plan (*See Site Plan Checklist for details*).
 - 9 **folded** copies of the Landscape Plan (*See Landscape Plan Checklist for details*).
 - 9 **folded** copies of the Lighting Plan (*See Lighting Plan Checklist for details*).
 - 9 **folded** copies of the Sign Plan (*See Sign Plan Checklist for details*).
 - 9 **folded** copies of the Building Elevations (*See Building Elevations Checklist for details*).
 - 9 **folded** copies of Colored Renderings for each Building Elevation (*Letter, Legal or Ledger*).
 - 3 **folded** copies of a Utilities Plan including all existing and proposed: sanitary sewer, water, electric, storm water management, gas, telephone, cable, and fiber optic lines as well as any associated easements.
- 1 copy of proposed written Findings of Fact (*Note: findings are different for each type of request*).
- Proof of Notification to Checkpoint Agencies.
- Filing Fee (*Make checks payable to the Town of Plainfield – See Fee Schedule for applicable filing fee.*)

Contact Information

(Please provide contact information on person to be contacted regarding notices, additional filing requirements and staff comments.:

Attorney/Contact Person:

Name: BRYAN SHEWARD - KIMLEY-HORN & ASSOCIATES

Address: 250 EAST 96TH ST, SUITE 580
INDIANAPOLIS, IN 46240

Phone Number: 317-218-9560

Fax Number: N/A

e-mail: BRYAN.SHEWARD@KIMLEY-HORN.COM

Project Engineer:

Name: SAME

Address: _____

Phone Number: _____

Fax Number: _____

e-mail: _____