



# Town of Plainfield Primary Plat

**FOR OFFICE USE ONLY:**

Petition PP- \_\_\_\_\_

Public Hearing Date \_\_\_\_\_

Fees \$ \_\_\_\_\_

Date of Approval \_\_\_\_\_

1. NAME OF SUBDIVISION: 8314 DIVIDE

2. ADDRESS OF PROJECT: 8314 E. CR 300 S.

### 3. APPLICANT/PROPERTY OWNER:

**Applicant:**  
 Name: JAMES JOHNSON  
 Address: \_\_\_\_\_

**Owner:**  
 Name: JAMES JOHNSON & RANDY JEKEL  
 Address: 8300 & 8314 E. CR 300 S  
 Phone Number: SAY 317-476-2123 / RANDY 317-617-2328  
 Fax Number: \_\_\_\_\_  
 E-Mail: RANDY.jekel@gmail.com

### 4. PROJECT INFORMATION:

Type of Plat: \_\_\_\_\_ Major Non-Residential \_\_\_\_\_ Major Residential  Minor Residential

School Corporation:  Plainfield Community  Avon Community  Mill Creek

Current Zoning: AG Area in acres: 1.9117

Proposed Number of Lots: 2 Proposed Number of Sections / Phases: N/A

Commercial / Industrial Only - Will Incremental Subdivision Option be utilized? \_\_\_\_\_ Yes \_\_\_\_\_ No

### 5. WAIVERS:

Are any waivers to the requirements, standards and specifications of the Plainfield Subdivision Control Ordinance being requested? \_\_\_\_\_ No \_\_\_\_\_ Yes (if Yes, specify request, include Section Number): \_\_\_\_\_

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: [Signature] Date: 3-12-19

Printed Name & Title: JAMES JOHNSON

State of Indiana )  
County of Hendricks ) SS:



Subscribed and sworn to before me this 12 day of March, 2019  
Lori A. Vester Notary Public Signature  
Lori A. Vester Printed Name

Residing in Marion County My Commission expires 05/03/21

**TOWN OF PLAINFIELD**

**Department of Planning & Zoning**

**AUTHORIZATION FROM OWNER**

The undersigned, JAMES A JOHNSON, being the Owner of the property commonly known as \_\_\_\_\_, hereby authorizes TERRY JONES to file a Zone Map Change / Development Plan / Primary Plat / Secondary Plat / Vacation / Variance / Special Exception petition (circle all that apply) for the aforementioned address.

This consent shall:

remain in effect until revoked by a written statement filed with the Department of Planning & Zoning.

remain in effect until \_\_\_\_\_.

[Signature]  
Signature

Printed: JAMES A. JOHNSON

Title (if applicable): \_\_\_\_\_

Date: 2-18-19

\_\_\_\_\_  
Signature

Printed: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF INDIANA,  
COUNTY OF \_\_\_\_\_, SS:

Subscribed and Sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed

My Commission expires:  
\_\_\_\_\_, 20\_\_.

County of Residence: \_\_\_\_\_

STATE OF INDIANA,  
COUNTY OF \_\_\_\_\_, SS:

Subscribed and Sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Printed

My Commission expires:  
\_\_\_\_\_, 20\_\_.

County of Residence: \_\_\_\_\_

TOWN OF PLAINFIELD

Department of Planning & Zoning

AUTHORIZATION FROM OWNER

The undersigned, RANDY JEREL, being the Owner of the property commonly known as 8314 E. CR 300 S., hereby authorizes TERRY JONES to file a Zone Map Change Development Plan Primary Plat Secondary Plat / Vacation / Variance / Special Exception petition (circle all that apply) for the aforementioned address.

This consent shall:

[X] remain in effect until revoked by a written statement filed with the Department of Planning & Zoning.

[ ] remain in effect until \_\_\_\_\_

[Handwritten Signature]

Signature

Printed: RANDY J. JEREL

Title (if applicable): \_\_\_\_\_

Date: 2-18-19

Signature

Printed: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF INDIANA, COUNTY OF MARION, SS:

Subscribed and Sworn to before me this 18 day of FEBRUARY, 20 19

Notary Public Signature

Printed

My Commission expires: \_\_\_\_\_, 20 \_\_\_\_\_

County of Residence: \_\_\_\_\_

STATE OF INDIANA, COUNTY OF \_\_\_\_\_, SS:

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public Signature

Printed

My Commission expires: \_\_\_\_\_, 20 \_\_\_\_\_

County of Residence: \_\_\_\_\_

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