



# DEPARTMENT OF DEVELOPMENT SERVICES

## PRIMARY PLAT (MINOR, MAJOR, AND NON-RESIDENTIAL)

Project Name:

Plainfield Marketplace Phase IV

Project Address/Location:

2499 Perry Crossing Way, Plainfield, IN 46168

Existing use of property:

Shopping Center

Area (in acres):

2

Current Zoning:

POA

Plat Type	
<input checked="" type="checkbox"/>	<u>Major Non-Residential</u>
<input type="checkbox"/>	Major Residential
<input type="checkbox"/>	Minor Residential

School District	
<input checked="" type="checkbox"/>	Plainfield
<input type="checkbox"/>	Avon
<input type="checkbox"/>	Mill Creek

Plat Information	
Proposed Number of Lots	1
Proposed Number of Sections/Phases	1

Commercial/Industrial—Will the Incremental Subdivision Option be utilized

No Yes

Are any waivers to the requirements, standards, and specifications of the Plainfield Zoning Ordinance being requested? If yes, Section Number(s): \_\_\_\_\_

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:

*[Handwritten Signature]*

Date:

2/7/19

David K. Selberg  
Chief Financial Officer

Printed Name & Title: \_\_\_\_\_

State of:

Tennessee )

County of:

Shelby ) SS:

Subscribed and sworn to before me this

7th day of February, 2019.

*[Handwritten Signature]*

Notary Public Signature

Lisa M. Shipowitz

Printed Name

Residing in

Shelby

County

My Commission expires

My Commission Expires July 20, 2021

DEPARTMENT OF DEVELOPMENT SERVICES, PLANNING DIVISION  
206 WEST MAIN STREET PLAINFIELD, INDIANA 46168





# DEPARTMENT OF DEVELOPMENT SERVICES

## Authorization from Owner

The undersigned, Metropolis Lifestyle Center, LLC, being the Owner of the property commonly known as by Page Shopping Centers, LLC, hereby authorizes Shops at Perry Crossing The Schneider Corporation to file a (check all that apply):

- Zone Map Change
- Development Plan
- Primary Plat
- Secondary Plat
- Vacation
- Variance
- Special Exception
- Administrative Appeal

This consent shall remain in effect:

<input checked="" type="checkbox"/>	until revoked by a written statement filed with the Department of Development Services.
<input type="checkbox"/>	until: _____.

Signature		Signature	
Printed	<b>David K. Selberg</b>	Printed	
Title (if applicable):	<b>Chief Financial Officer</b>	Title (if applicable):	
Date:	<u>2/17/19</u>	Date	

State of <u>Tennessee</u>	State of _____
County Of: <u>Shelby</u> , SS:	County Of: _____, SS:

Subscribed and Sworn to before me this:	Subscribed and Sworn to before me this:
<u>7th</u> day of <u>February</u> , 20 <u>19</u> .	_____ day of _____, 20____.

Notary Public Signature	Notary Public Signature
<u>Lisa M. Shipowitz</u>	
Printed	Printed

My Commission expires:	My Commission expires:
<u>My Commission Expires July 20, 2021</u> <del>2014</del>	_____, 2014.

County of Residence: <u>Shelby</u>	County of Residence: _____
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# DEPARTMENT OF DEVELOPMENT SERVICES

## Project Contact Listing

### APPLICANT

Name: Metropolis Lifestyle Center, LLC  
 Street Address: 2499 Perry Crossing Way  
 City/Town: Plainfield  
 State, ZIP: IN, 46168  
 Phone Number: 901-531-8716  
 E-Mail: preinke@psapllc.com

### OWNER

Name: Same as Applicant  
 Street Address:  
 City/Town:  
 State, ZIP:  
 Phone Number:  
 E-Mail:

### ENGINEER

Name: Schneider  
 Street Address: 8901 Otis Ave  
 City/Town: Indianapolis  
 State, ZIP: IN, 46216  
 Phone Number: 317-826-7121  
 E-Mail: sreerex@schneidercorp.com

### ARCHITECT

Name: NA  
 Street Address:  
 City/Town:  
 State, ZIP:  
 Phone Number:  
 E-Mail:

### ATTORNEY

Name: NA  
 Street Address:  
 City/Town:  
 State, ZIP:  
 Phone Number:  
 E-Mail:

### OTHER

Name:  
 Street Address:  
 City/Town:  
 State, ZIP:  
 Phone Number:  
 E-Mail:

Of the persons above, is there a designated contact person?

- Applicant
- Engineer
- Attorney

- Owner
- Architect
- Other