

**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:** US HealthVest Behavioral Healthcare
2. **ADDRESS OF PROJECT:** Lot 2 of the "Re-Plat of the Secondary Plat, Plainfield Medical Office Subdivision"

3. **APPLICANT/PROPERTY OWNER:**

**Applicant:**

Name: US HealthVest

Address: 32 East 57<sup>th</sup> Street, 17<sup>th</sup> Floor  
New York, NY 10022

Phone Number: 212-243-5565

Fax Number:

E-Mail: msze@ushealthvest.com

**Owner:**

Name: Hendricks County Hospital  
(dba: Hendricks Regional Health)

Address: 1000 East Main Street  
Danville, IN 46122

Phone Number: 317-272-5508

Fax Number

E-Mail: msells@kruseconsulting.com

4. **PROJECT INFORMATION:**

Existing Use of Property: Vacant

Area in Acres: 5.073

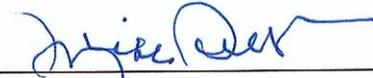
Current Zoning: GC

Approval Requested:

R-6 District                       Town Center                       RU of MU District  
 Gateway Corridor                       600' from Residential  
 PUD Preliminary Plan                       PUD Final Detailed Plan

Waivers (if Any): None

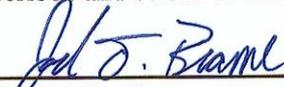
**The undersigned, having been duly sworn on oath states that the above information is true and correct as he is informed and believes.**

Signature of Applicant:  Date: January 11, 2019

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

State of Indiana    )  
                                  SS:  
County of Hendricks)

Subscribed and sworn to before me this 11th day of January, 2019.

  
Notary Public Signature

/Joel T. Brame  
Printed



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