



Planning & Building Department  
6280 W 800N  
McCordsville, IN 46055  
Phone: 317.335.3604  
Email: [building@mccordsville.org](mailto:building@mccordsville.org)

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### **PUBLIC HEARING INFORMATION**

Case #: BZA-19-004

Title: Indy Beauty Room Special Exception to allow a health/day spa land use

Meeting Date: this petition is currently scheduled to be held at the June 5<sup>th</sup> BZA meeting.

\*Meeting agenda and staff report will be available on the website by end of business day on the Friday preceding the applicable meeting. Go to [www.mccordsville.org](http://www.mccordsville.org) and click on "Agendas & Minutes".



**MCCORDSVILLE BOARD OF ZONING APPEALS**  
**SPECIAL EXCEPTION APPLICATION**

Zoning Ordinance Section 10.04

**Applicant Information**

Name: Megan Butler  
Current Address: 6649 Breckenridge Dr.  
(Number) (Street)  
Indianapolis IN 46236  
(City) (State) (Zip)  
Phone No.: 317-662-9531 E-mail Address: Meganb@Indybeautyroom.com

**Property Owner Information** (the "owner" does not include tenants or contract buyers)

Name: ROGER HEIL  
Current Address: 10085 ALLISONVILLE RD STE 103  
(Number) (Street)  
FISHERS IN 46038  
(City) (State) (Zip)  
Phone No. (317) 374-3610 E-mail Address: KIRBYDL12765@AOL.COM

**Property Information**

Current Address: 8038 N 600 W, Suite 100  
(Number) (Street)

**OR General Location** (if no address has been assigned, please provide a street corner, subdivision lot number, or attach a legal description)

\_\_\_\_\_  
\_\_\_\_\_

**Administrative Officer Use Only**

Existing Zoning: \_\_\_\_\_

Future Land Use: \_\_\_\_\_

Date Application Filed: \_\_\_\_\_

Docket No.: \_\_\_\_\_

**Special Exception Requested**

I am requesting a special exception as listed by Section 10.04 of the Zoning Ordinance to allow the following:

to relocate Indy Beauty Room, a beauty studio that provides skin care, waxing and beauty related services. Indy Beauty Room will also retail professional skincare and related products.

**Special Exception Criteria**

The McCordsville Zoning Ordinance establishes specific criteria that must be met in order for a special exception to be approved. Please answer each question below and if the response is "NO", describe why the special exception use requested does not meet the required criteria.

Will the special exception be served with adequate utilities, access roads, drainage, and other necessary facilities?

☒ YES

☐ NO, Please Explain (attach additional pages as necessary): \_\_\_\_\_

Will the special exception provide safe conditions that do not involve any element or cause any condition that may be dangerous, injurious, or noxious to any other property or persons, and comply with the development standards of the McCordsville Zoning Ordinance?

☒ YES

☐ NO, Please Explain (attach additional pages as necessary): \_\_\_\_\_

Will the special exception be sorted, oriented, and landscaped to produce a harmonious relationship of buildings and grounds to adjacent buildings and properties?

☒ YES

☐ NO, Please Explain (attach additional pages as necessary): \_\_\_\_\_

Will the special exception produce a total visual impression and environment which is consistent with the environment of the neighborhood?

☒ YES

☐ NO, Please Explain (attach additional pages as necessary): \_\_\_\_\_

Will the special exception organize vehicular access and parking to minimize traffic congestion in the area?

☒ YES

☐ NO, Please Explain (attach additional pages as necessary): \_\_\_\_\_

**Applicant's Signature**

The information included in and with this application is completely true and correct to the best of my knowledge and belief.

Megan Butler  
(Applicant's Signature)

05/13/2019  
(Date)

**Owner's Signature** (the "owner" does not include tenants or contract buyers)

I authorize the filing of this application and will allow Town staff to enter this property for the purpose of processing this request. Further, I will allow a public notice sign to be placed and remain on the property until the processing of the request is complete.

[Signature]  
(Owner's Signature)

5/14/19  
(Date)

\_\_\_\_\_  
(Owner's Signature)

\_\_\_\_\_  
(Date)



**Town of McCordsville**  
**Property Owner's Consent For Review Form**

**Property Owner Information** (the "owner" does not include tenants or contract buyers)

Name: ROGER HEIR

Current Address: 10085 ALISONVILLE RD STE 103  
(Number) (Street)

FISHER IN 46039  
(City) (State) (Zip)

Phone No: (317) 374-3810 E-mail Address: KIMBYDC12765@AOL.COM

**The Property to be reviewed by:** (Check all that apply)

☐ Town Council

☐ Plan Commission

☒ Board of Zoning Appeals

**Property Information**

Current Address: 8038 N GODDARD STE 100  
(Number) (Street)

**And** Location Description (if no address has been assigned, please provide a street corner, subdivision lot number, or attach a legal description)

**Property Owners Consent:** I/WE, ROGER HEIR, here-by acknowledge and give consent that my/our property can be submitted for review and consideration by the aforementioned Board(s).

Property Owner's Signature:  Date: 5/13/19

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

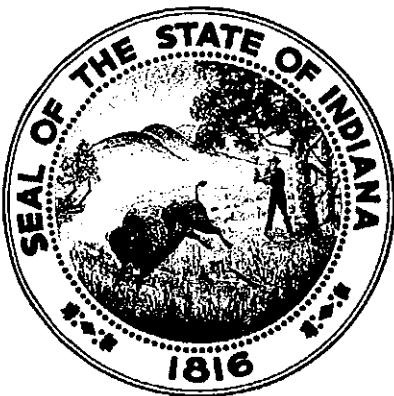


**State of Indiana  
Office of the Secretary of State**

**Certificate of Organization  
of  
INDY BEAUTY ROOM LLC**

I, CONNIE LAWSON, Secretary of State, hereby certify that Articles of Organization of the above Domestic Limited Liability Company have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Flexibility Act.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, September 28, 2017.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 28, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

201709281216493 / 7710768

To ensure the certificate's validity, go to <https://bsd.sos.in.gov/PublicBusinessSearch>

INTAX.IN.GOV

Date of this notice: 08-31-2017

Employer Identification Number:  
82-2664444

Form: SS-4

Number of this notice: CP 575 G

INDY BEAUTY ROOM  
MEGAN LOUISE BUTLER SOLE MBR  
9165 OTIS AVE STE 274  
INDIANAPOLIS, IN 46216

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 82-2664444. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

#### IMPORTANT REMINDERS:

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is INDY. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

# State of Indiana

## Demographic Information

Name: Indy Beauty Room

## Address Information

Line 1: 9165 Otis Avenue Suite 274

Line 2:

City/State/Zip: Indianapolis IN 46216

County: Marion

## License Information

DBA:

Lic #:	BS91700456	Profession:	Cosmetology & Barber Board	Type:	Beauty Culture Salon	Secondary:
Status:	Active	Issued:	6/27/2017	Expiration:	2/1/2021	

Method: Application

## Discipline Information

## Related Licenses

No Related Licenses

## Specialty Information

Specialty: Esthetic

## Inspection Information

Inspection Type:	Beauty Culture Salon	Inspection Date:	6/21/2017	Inspection Grade:	Pass
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## Documents

No Public Documents Available



## State of Indiana

### Demographic Information

Name: Megan L Butler

### Address Information

City/State/Zip: Indianapolis IN 46236

County: Marion

### License Information

Lic #: ES21600180 Profession: Cosmetology & Barber Board

Type: Esthetician

Secondary:

Status: Active

Issued: 5/24/2016

Expiration: 8/1/2019

Method: Examination

### Discipline Information

### Related Licenses

Lic #: TP21700584

Name: Indy Beauty Room

License Type: Temp Beauty Culture Salon

License Status: Superseded

Relationship: Manager

### Documents

No Public Documents Available



# Certificate of Insurance

## OCCURRENCE COVERAGE ASCP In-Dues Liability Program

**ASCP MAILING ADDRESS:**

Associated Skin Care Professionals  
25188 Genesee Trail Road  
Suite 200  
Golden, CO 80401

**MASTER POLICY HOLDER**

Allied Professionals Insurance RPG

**AGENT/BROKER**

Allied Professionals Insurance Services

**ISSUED BY:**

Allied Professional Insurance Company, A  
Risk Retention Group, Inc.

**POLICY #:** API-ASCP-18

**LIABILITY LIMITS**

(per member)

**COMMERCIAL GENERAL LIABILITY**

ANNUAL AGGREGATE .....	\$6,000,000
PER OCCURRENCE LIMIT .....	\$2,000,000
PRODUCTS-COMP/OP .....	Included
PROFESSIONAL LIABILITY .....	Included
GENERAL LIABILITY .....	Included
FIRE LIABILITY LIMIT .....	\$100,000

**To verify information, contact ASCP. Tel: 303-674-8478 Fax: 303-674-0859**

This Policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group. Coverage is afforded to person(s) named herein as Named Insureds according to the terms and conditions of the Policy to which this Certificate refers, subject to limitation by any applicable state licensing laws. No other rights or conditions, except as specifically stated herein, are granted or inferred.

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED ABOVE HAS BEEN ISSUED TO THE INSURED NAMED BELOW. THE INSURED ACTIVE DATE LISTED BELOW APPLIES ONLY TO ELEMENTS OF COVERAGE CONTINUOUSLY IN PLACE SINCE THE INCEPTION OF THE NAMED INSURED'S POLICY. CHANGES TO COVERAGE ARE EFFECTIVE RETROACTIVELY ONLY TO THE DATE THE CHANGE WAS MADE. REPORT IN WRITING WITHIN 48 HOURS ANY & ALL CLAIMS, OR INCIDENTS THAT YOU BELIEVE MAY RESULT IN A CLAIM, EVEN IF GROUNDLESS.

This Certificate, along with the Policy to which it refers, is valid evidence of coverage extended to the Certificate Holder listed below.

**ADDITIONAL INSURED:**

(with inception date)

Coverage is extended subject to all terms and conditions of the Policy.

**CERTIFICATE HOLDER**

(Active Registered Members are on file with the ASCP Membership Director.)

Member/Named Insured: Megan L. Butler  
Membership I.D. #: 1202623  
Member/Policy Term Active: Nov-08-2018  
Member/Policy Term Expires: Nov-07-2019  
Total Member Cost: \$ 259 (ASCP Membership, including Member Liability Coverage)



**Authorized Representative**

**CANCELLATION:** Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 10 days written notice for non-payment or 90 days written notice for any other reason to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

# Indy Beauty Room

*Retreat to our relaxing suite conveniently located on the NE side of Indianapolis. Indy Beauty Room offers a wide variety of skincare and beauty related services. Whether you have skincare or waxing needs, makeup for special events, or just want some pamper and relaxation, we've got you covered!*

9165 Otis Ave  
Ste 274  
Indianapolis, IN 46216

317-316-8121



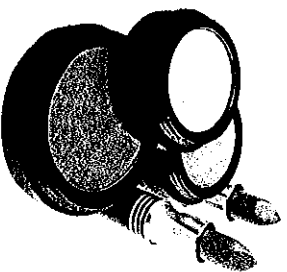
# Indy Beauty Room

[www.Indybeautyroom.com](http://www.Indybeautyroom.com)

## Service Menu

### Waxing Services

Eyebrow	\$15
Lip	\$10
Chin	\$12
Nose	\$10
Full Face	\$45
Ears	\$10
Neck	\$20
Stomach	\$25
Full Back	\$50
Half Back	\$25
Full Brazilian (women)	\$50
Bikini	\$30
Full Leg	\$75
Half Leg	\$45
Underarm	\$20



### Makeup

Traditional	\$60
Airbrush	\$70
Band Lash Strip	\$10
Eyebrow Tint	\$15
Lash Lift	\$80

\* Ask us about group makeup rates for special events!!

### Skincare Services

Basic Facial	Relaxation based facial	\$45
Custom Facial	Treatment focused facial	\$65
Back Facial	Relaxation or treatment based for back	\$65
Dermaplane Express Facial	Manual exfoliation and removal of vellus hair	\$70
Microdermabrasion add-on	Diamond tip exfoliation for face or back, add-on to any facial treatment	\$20
Chemical Peel	Chemical exfoliation	\$70
Extractions	Removal of Excess Skin Congestion	\$20
Full Body Retexturizer	Full body manual exfoliation with sugar scrub and oil	\$75
Luxury Peel-off Mask add-on	Cooling Algae peel-off mask, add-on service	\$20
LED light Therapy	30 minute light therapy session	\$20
Dermaplane add-on	Dermaplane add-on to any facial service	\$20

\* Ask about our discounted service packages!

New Guests Receive \$10 Off First Service!

Follow us on social media!  
Facebook- *Indy Beauty Room*  
Instagram- *@Indybeautyroom*





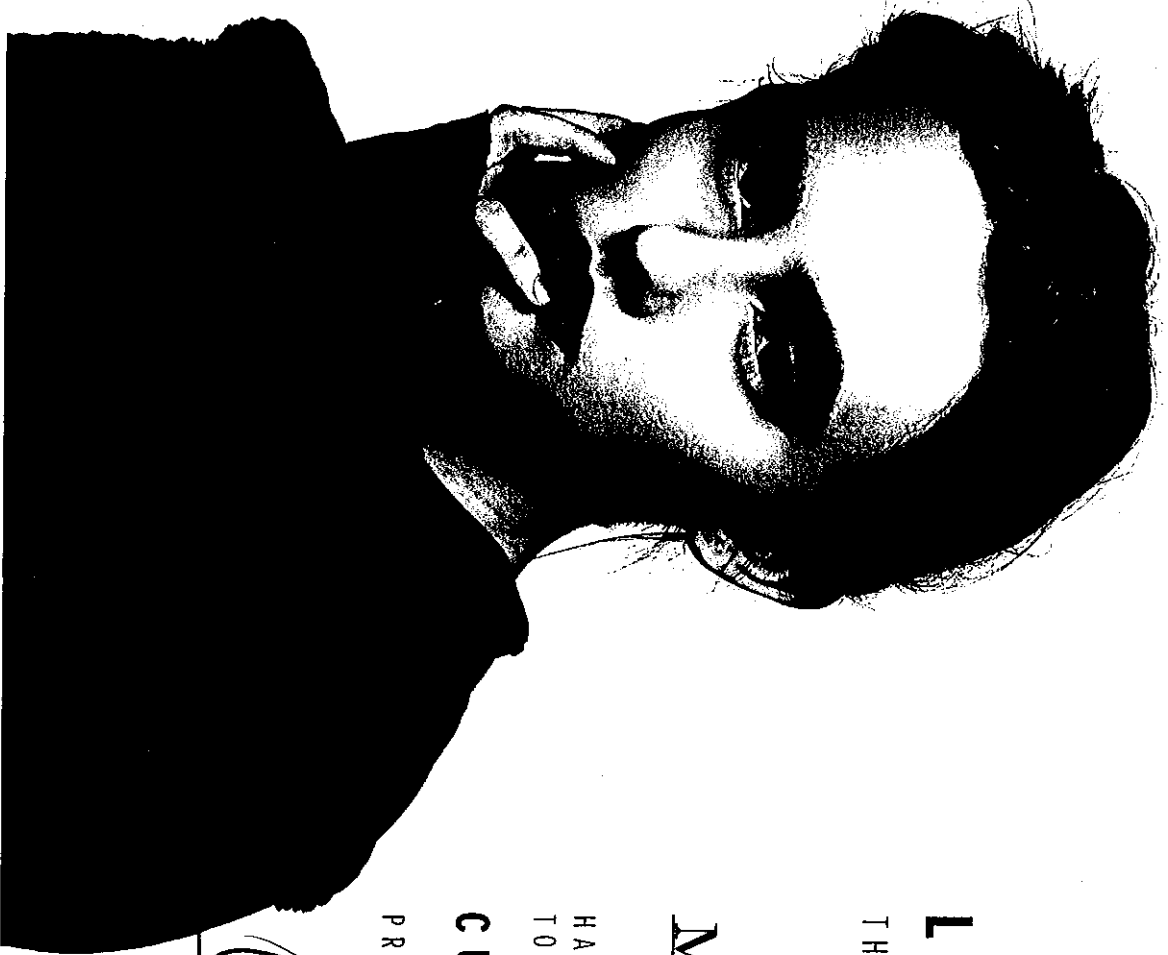
This Certificate of Completion is awarded to

Megan Butler

For Successfully Completing the Training Requirements to  
be a DermaplanePro Professional

November 13, 2017  
Date

Rubie Kuey  
By



# LASH<sup>2</sup>ACADEMY

THIS DOCUMENT CERTIFIES THAT

MEGAN BUTLER

HAS COMPLETED ALL REQUIREMENTS  
TO GAIN CERTIFICATION IN

**CURLPERFECT LASHLIFT**

PRESIDENT:

A handwritten signature in black ink, appearing to be 'M. Butler', written over a horizontal line.