

McCordsville

ESTD  1988

INDIANA

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

PUBLIC HEARING INFORMATION

Case #: PC-24-001

Title: Michelle Brannon's request for a favorable recommendation on a rezone from R-3 to CCommercial Regional (CR) at 5872 W CR 500N.

Meeting Date: This zoning petition is currently scheduled to be heard at the January 16th Plan Commission (PC) meeting.

**Meeting agenda, petitioner's packet, 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 and click on "Agendas & Minutes".*



Next Stop McGraw-Hill

McCORDSVILLE PLAN COMMISSION
REZONING / ZONING MAP AMENDMENT APPLICATION

Zoning Ordinance Section 10.06

Applicant Information

Name: Michelle Brannon

Current Address: 5814 Glenview Dr.

(Number)	(Street)
1	1st Street
2	2nd Street
3	3rd Street
4	4th Street
5	5th Street
6	6th Street
7	7th Street
8	8th Street
9	9th Street
10	10th Street
11	11th Street
12	12th Street
13	13th Street
14	14th Street
15	15th Street
16	16th Street
17	17th Street
18	18th Street
19	19th Street
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21	21st Street
22	22nd Street
23	23rd Street
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25	25th Street
26	26th Street
27	27th Street
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29	29th Street
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31	31st Street
32	32nd Street
33	33rd Street
34	34th Street
35	35th Street
36	36th Street
37	37th Street
38	38th Street
39	39th Street
40	40th Street
41	41st Street
42	42nd Street
43	43rd Street
44	44th Street
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46	46th Street
47	47th Street
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84	84th Street
85	85th Street
86	86th Street
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88	88th Street
89	89th Street
90	90th Street
91	91st Street
92	92nd Street
93	93rd Street
94	94th Street
95	95th Street
96	96th Street
97	97th Street
98	98th Street
99	99th Street
100	100th Street

McCordsville

(City)

IN

(State)

46055

{Zip}

Phone No.: (219) 629-4209 E-mail Address: chellsdaycare@aol.com

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

Name: Maria C. Romulo

Current Address: 11413 High Grass Dr.

(Number) (Street)

Indianapolis

(City)

IN

(State

46235

{Zip

Phone No.: (317) 523-1325 E-mail Address: [REDACTED]

munecaazul33@gmail.com

Notification Information (list the person to whom all correspondence regarding this application should be directed)

Name: Michelle Brannon

Current Address: 5814 W Glenview Dr

(Number)	(Street
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McCardsville

(City)

IN

{State

46055

(Zip

Phone No.: (219) 629-4209 E-mail Address: chelsdaycare1@aol.com

Property Information

Current Address: [REDACTED] 5872 W 500 N, McCordsville, IN. 46055

(Number)	(Street)
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Administrative Officer Use Only:

Existing Zoning: _____

Future Land Use: _____

Date Application Filed: _____

Docket No.: _____

Subdivision Name (if applicable): _____

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

Current Zoning: Residential Requested Zoning: Commercial

Explain the reason(s) why the applicant has proposed this zoning change (attach additional pages as necessary):

I would like to operate a licensed Daycare
Center for children ages Newborn to preschool;
Monday - Friday from 6am - 6pm.

Rezoning / Zoning Map Amendment Criteria

The Indiana Code and the McCordsville Zoning Ordinance establishes specific criteria to which both the Plan Commission and legislative body must *pay reasonable regard* to when considering a rezoning request. The criteria are listed below; please explain how this request will address each criterion.

Will the rezoning support the *McCordsville Comprehensive Plan* and other applicable, adopted planning studies or reports?

☒ YES ☐ NO

Please Explain (attach additional pages as necessary): _____

Will the rezoning be compatible with *surrounding current conditions* and the character of current structure and uses?

☒ YES ☐ NO

Please Explain (attach additional pages as necessary): _____

Will the rezoning result in the property being used for the *highest and best use* for which land in each district is adapted?

☒ YES ☐ NO

Please Explain (attach additional pages as necessary): _____

Will the rezoning affect *property values* throughout the Town's planning jurisdiction?

☐ YES ☒ NO

Please Explain (attach additional pages as necessary): _____

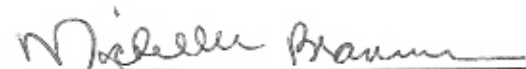
Will the rezoning result in *responsible growth and development*?

☒ 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.



(Applicant's Signature)

(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.

Mania Carmen Carmen Romulo

(Owner's Signature)

12/15/2023

(Date)

(Owner's Signature)

(Date)

REZONING / ZONING MAP AMENDMENT - APPLICATION CHECKLIST

(McCordsville Zoning Ordinance: Section 10.06 Zoning Map Amendment/Rezoning)

The following shall be included in a Zoning Map Amendment/Rezoning Application. The applicant is responsible for contacting the Administrative Officer to identify any information that is not applicable. The applicant is also required to provide any other information requested by the Administrative Officer or his/her designee to demonstrate compliance with the requirements of the McCordsville Zoning Ordinance.

Rezoning / Zoning Map Amendment Application Checklist:

- ☐ Rezoning / Zoning Amendment Application
- ☐ Affidavit & Consent of Property Owner(s) (if owner is someone other than applicant), 5 hard copies in a recordable format plus one electronic submittal in a format acceptable to the Administrative Officer
- ☐ Copy of Deed for Property Involved, including a legal description, any covenants or commitments, 5 copies in a recordable format plus one electronic submittal in a format acceptable to the Administrative Officer
- ☐ Filing Fee
- ☐ Supporting Information¹, 5 hard copies in a recordable format plus one electronic submittal in a format acceptable to the Administrative Officer of each of the following (where appropriate)
 - ☐ Site Plan (conceptual site plan showing all features relevant to the application)
 - ☐ Vicinity Map (showing the use and zoning of all properties within 600 feet of the property subject to the rezoning request)
 - ☐ Statement of Intent
 - ☐ Fiscal Impact Study (if applicable)
 - ☐ AUTOCADD shape files (if applicable)

¹ In the event that the information contained herein conflicts with the applicable requirements of the McCordsville Zoning Ordinance, as amended from time to time, the regulations of the McCordsville Zoning Ordinance shall prevail.

Paper Size: 11"x17"

