



Planning & Building Department
6280 W. 800 N.
McCordsville, IN 46055
Phone: 317-335-3604
Fax: 317-335-9120
building@mccordsville.org

Public Hearing Information

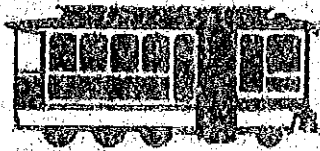
Petitioner's Application attached

Case #: BZA-18-004

Property Owner: Citizens State Bank of New Castle/Hancock Regional Hospital

Meeting Date: Wednesday, June 6, 2018 at 6:30 p.m. at McCordsville Town Hall

*Meeting agenda and Staff Report will be available on the website by end of business day on Friday, June 1, 2018. Go to www.mccordsville.org and click on "Agendas & Minutes".



**MCCORDSVILLE BOARD OF ZONING APPEALS
VARIANCE APPLICATION**

Zoning Ordinance Section 10.03

Applicant Information

Name: MVAH (Pete Schwiegerant)

Current Address: 9349 Waterstone Blvd.

(Number) (Street)

Cincinnati OH 45249

(City)

(State)

(Zip)

Phone No.: 513-259-7657 E-mail Address: Peter.Schwiegerant@Mvg.com

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

Name: Citizens State Bank of New Castle

Current Address: 1238 Broad St

(Number) (Street)

New Castle IN 47362

(City)

(State)

(Zip)

Phone No.: 765-529-5450 E-mail Address: Bill.French@cushwake.com

Property Information

Current Address: 8356 NG00W

(Number) (Street)

Subdivision Name (if applicable): _____

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

30-01-23-400-030.003-018

Administrative Officer Use Only:

Existing Zoning: _____

Future Land Use: _____

Date Application Filed: _____

Docket No.: _____

Present Use of Property: vacant air port Hangar

Size of the Lot/Parcel in Question: 1.33 ac.

Are there any restrictions, laws, covenants, variances, special exceptions, or appeals filed in connection with this property that would relate or affect its use for the specific purpose of this application? If yes, please list date and docket number, decision rendered and pertinent explanation:

no

Variance Information

Describe the variance requested: Requesting Setback to
permit 25' Front to 600, 15' Front to prop road,
& 15' Side to south & west

Development Standards Variance Requested:

- | | |
|--|--|
| <input type="checkbox"/> Building Height | <input type="checkbox"/> Entrance / Drive |
| <input checked="" type="checkbox"/> Building Setback | <input type="checkbox"/> Sight Visibility |
| <input type="checkbox"/> Lot Coverage | <input type="checkbox"/> Fence and Wall |
| <input type="checkbox"/> Lot Width | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Lot Area | <input type="checkbox"/> Buffering and Screening |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Exterior Lighting |
| <input type="checkbox"/> Loading | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Other (please specify): _____ | |

Describe reasons supporting the variance requested: Improve building
appearance from frontage. Hide parking

Development Standards Variance Criteria

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

Will the variance provide safe conditions that will not be injurious to the public health, safety, morals, and general welfare of the community?

☒ YES

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

Will the use and value of the area adjacent to the property included in the variance not be affected in a substantially adverse manner?

☒ YES

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

Will the strict application of the terms of this Ordinance result in a practical difficulty in the use of the property? This situation shall not be self-imposed, nor be based on a perceived reduction of, or restriction on, economic gain.


☒ YES

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

ex. lot size too small and not consistent
w/ surrounding parcels

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)

5/11/18

(Date)

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

I authorize the filing of this application and will allow the Town staff to enter this property for the purpose of analyzing 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.

(Owner's Signature)

(Date)

(Owner's Signature)

(Date)

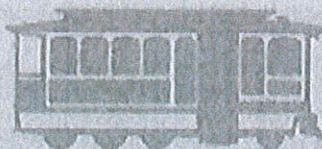
VARIANCE PERMIT - APPLICATION CHECKLIST

(McCordsville Zoning Ordinance: Section 10.03 Variance)

The following shall be included in the Variance 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.

Variance Application Checklist:

- ☒ Pre-Application Meeting (required)
- ☒ Variance 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 any covenants or commitments, 5 hard copies in a recordable format plus one electronic submittal in a format acceptable to the Administrative Officer
- ☐ Filing Fee
- ☐ Supporting Information, 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 (signed, dated, drawn to scale and/or fully dimensioned and clearly showing entire layout of property and all features relevant to the variance request).
 - ☐ Statement of Intent



McCORDSVILLE BOARD OF ZONING APPEALS
VARIANCE APPLICATION

Zoning Ordinance Section 10.03

Applicant Information

Name: MVAH (Pete Schwiegeraht)
Current Address: 9349 Waterstone Blvd
(Number) (Street)
Cincinnati OH 45249
(City) (State) (Zip)

Phone No.: 513 259-7657 E-mail Address: Peter.Schwiegeraht@mvg.com

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

Name: Hancock Regional Hospital (Rob Matt)
Current Address: 801 N State Street
(Number) (Street)
Greenfield IN 46140
(City) (State) (Zip)

Phone No.: 317-462-5544 E-mail Address: Rmatt@Hancockregional.org

Property Information

Current Address: 0.68 Ac part of Parcel 30-01-23-800-030
(Number) (Street) .003-018

Subdivision Name (if applicable): _____

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.: _____

Present Use of Property: vacant air port Hangar

Size of the Lot/Parcel in Question: 1.33 ac.

Are there any restrictions, laws, covenants, variances, special exceptions, or appeals filed in connection with this property that would relate or affect its use for the specific purpose of this application? If yes, please list date and docket number, decision rendered and pertinent explanation:

no

Variance Information

Describe the variance requested: Requesting Setback to
permit 25' Front to 600, 15' Front to prop road,
& 15' Side to south & west

Development Standards Variance Requested:

☐ Building Height

☐ Entrance / Drive

☒ Building Setback

☐ Sight Visibility

☐ Lot Coverage

☐ Fence and Wall

☐ Lot Width

☐ Landscaping

☐ Lot Area

☐ Buffering and Screening

☐ Parking

☐ Exterior Lighting

☐ Loading

☐ Sign

☐ Other (please specify): _____

Describe reasons supporting the variance requested: Improve building
appearance from frontage. Hide parking

Development Standards Variance Criteria

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

Will the variance provide safe conditions that will not be injurious to the public health, safety, morals, and general welfare of the community?

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

Will the use and value of the area adjacent to the property included in the variance not be affected in a substantially adverse manner?

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

Will the strict application of the terms of this Ordinance result in a practical difficulty in the use of the property? This situation shall not be self-imposed, nor be based on a perceived reduction of, or restriction on, economic gain.

☒ YES ☐ NO, Please Explain (attach additional pages as necessary): _____

ex. lot size too small and not consistent
w/ surrounding parcels

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)

5/11/18

(Date)

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

I authorize the filing of this application and will allow the Town staff to enter this property for the purpose of analyzing 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.

(Owner's Signature)

(Date)

(Owner's Signature)

(Date)

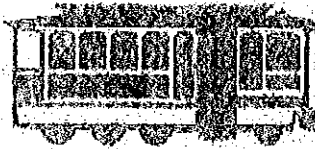
VARIANCE PERMIT - APPLICATION CHECKLIST

(McCordsville Zoning Ordinance: Section 10.03 Variance)

The following shall be included in the Variance 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.

Variance Application Checklist:

- ☒ Pre-Application Meeting (required)
- ☒ Variance 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 any covenants or commitments, 5 hard copies in a recordable format plus one electronic submittal in a format acceptable to the Administrative Officer
- ☐ Filing Fee
- ☐ Supporting Information, 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 (signed, dated, drawn to scale and/or fully dimensioned and clearly showing entire layout of property and all features relevant to the variance request).
 - ☐ Statement of Intent



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

Zoning Ordinance Section 10.04

Applicant Information

Name: MVAH (Pete Schwiegeracht)

Current Address: 9349 Waterstone Blvd.
(Number) (Street)

Cincinnati OH 45249
(City) (State) (Zip)

Phone No.: 513-259-7657 E-mail Address: Peter.Schwiegeracht@MVG.com

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

Name: Citizens State Bank of New Castle

Current Address: 1238 Broad St.
(Number) (Street)

New Castle IN 47362
(City) (State) (Zip)

Phone No.: 765-529-5450 E-mail Address: Bill.French@cushwake.com

Property Information

Current Address: 8356 N600W
(Number) (Street)

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

30-01-23-400-030.003-D18

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 _____ of the Zoning Ordinance to allow the following:

Senior Independent Living
(55+)

57 units

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.



(Applicant's Signature)

5/11/18

(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.

(Owner's Signature)

(Date)

(Owner's Signature)

(Date)

SPECIAL EXCEPTION PERMIT - APPLICATION CHECKLIST

(McCordsville Zoning Ordinance: Section 10.04 Special Exception)

The following shall be included in the Special Exception 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.

Special Exception Use Application Checklist:

- ☐ Special Exception 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, 5 hard copies in a recordable format plus one electronic submittal in a format acceptable to the Administrative Officer
- ☐ Filing Fee
- ☐ Supporting Information, 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 (signed, dated and clearly showing entire layout of property and all features relevant to the special exception request).
 - ☐ Statement of Intent
 - ☐ Fiscal Impact Study (if applicable)



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

Zoning Ordinance Section 10.04

Applicant Information

Name: MVAH (Pete Schwiegerant)

Current Address: 9349 Waterstone Blvd.
(Number) (Street)
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(City) (State) (Zip)

Phone No.: 513 259-7657 E-mail Address: Peter.Schwiegerant @

MVB.com

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Name: Hancock Regional Hospital (Rob Matt)

Current Address: 801 N State Street
(Number) (Street)
Greenfield IN 46140
(City) (State) (Zip)

Phone No.: 317-462-5544 E-mail Address: RMatt @ Hancockregional
.org

Property Information

Current Address: 0.68 Ac Part of Parcel
(Number) (Street) 30-01-23-000-030,003-018

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

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(55+)

57 units

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☒ 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.



(Applicant's Signature)

5/11/18

(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.

(Owner's Signature)

(Date)

(Owner's Signature)

(Date)

SPECIAL EXCEPTION PERMIT - APPLICATION CHECKLIST

(McCordsville Zoning Ordinance: Section 10.04 Special Exception)

The following shall be included in the Special Exception 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.

Special Exception Use Application Checklist:

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- ☐ Filing Fee
- ☐ Supporting Information, 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 (signed, dated and clearly showing entire layout of property and all features relevant to the special exception request).
 - ☐ Statement of Intent
 - ☐ Fiscal Impact Study (if applicable)

218
OK

DULY ENTERED
FOR TAXATION

DEC 19 2006

Richard L. Saunders
Auditor of Hancock County

CAROLYN GRASS 2P
HANCOCK COUNTY RECORDER
CJG Date 12/20/2006 Time 11:17:17
FEE: 18.00
1 060015299
Page 1 of 2

CORPORATE WARRANTY DEED

File Number: 25250

SHERWOOD HILLS SOUTH, INC., an Indiana corporation ("Grantor"), whose principal office is at Bloomington, Indiana, CONVEYS AND WARRANTS to CITIZENS STATE BANK OF NEW CASTLE, an Indiana corporation ("Grantee") of Monroe County, Indiana, for and in consideration of the sum of Ten Dollars (\$10.00) and other valuable consideration, the receipt which is acknowledged, the following described real estate in ~~Monroe~~ Hancock County, State of Indiana:

A part of the Southeast quarter of Section 23, Township 17 North, Range 5 East in Hancock County, Indiana being more particularly described as follows:

Commencing at a Harrison Monument marking the Northeast corner of said Southeast quarter; thence North 01 degree 09 minutes 35 seconds East (assumed basis of bearing) along the east line of the Northeast quarter of said Section 23 a distance of 8.92 feet; thence North 89 degrees 12 minutes 03 seconds West, a distance of 64.99 feet to the proposed West right of way line for Mount Comfort Road (Co. Rd 600W); thence South 01 degree 12 minutes 13 seconds West parallel with the east line of said Southeast quarter and along said west right of way 727.94 feet to the true point of beginning; thence continuing South 01 degree 12 minutes 13 seconds West along said right of way a distance of 170.30 feet; thence North 89 degrees 44 minutes 54 seconds West a distance of 289.62 feet; thence North 01 degree 12 minutes 13 seconds East a distance of 169.84 feet; thence South 89 degrees 50 minutes 16 seconds East a distance of 289.63 feet to the point of beginning, containing 1.33 acres, more or less.

SUBJECT TO THE FOLLOWING:

1. Real estate taxes for the year 2006, due and payable in 2007, and all subsequent taxes and assessments.
2. Future rights-of-way, as shown by the land survey of Stephen M. Cooper, Indiana Registered Land Surveyor No. S0557, dated December 20, 2005.
3. Rights of the Public, State of Indiana, County and Municipality in and to that part of the premises taken or used for road purposes.
4. Rights of way for drainage tiles, ditches, feeders, laterals, swales and underground drain ntile or pipe, if any.

There is no Indiana gross income tax due as a result of this conveyance.

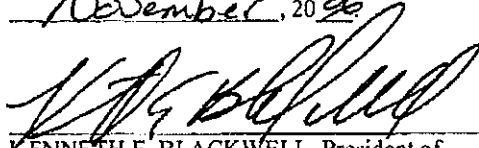
The undersigned person executing this deed on behalf of the Grantor represents that he is the duly elected President of the Grantor; he has been fully empowered by proper resolution of the Board of Directors of the Grantor

John C. P. [unclear]

END OF DOCUMENT

to execute and deliver this deed; Grantor has full capacity to convey the real estate described in this deed; and all necessary action for making this conveyance has been taken and done.

Grantor has executed this CORPORATE WARRANTY DEED, this 17th day of November, 2006


KENNETH E. BLACKWELL, President of
Sherwood Hills South, Inc., an Indiana corporation


STATE OF INDIANA)
)SS:
COUNTY OF MONROE)

Before me, the undersigned, a Notary Public in and for said County and State, this 17th day of November, 2006 came Kenneth E. Blackwell, President of Sherwood Hills South, Inc., an Indiana corporation, and acknowledged the execution of this instrument.

My Commission Expires:

3-21-07




Notary Public

Mandi K. Eaton
Name Printed

Monroe
County

Grantee Address:

P.O. Box C New Castle, IN 47362

This Instrument Prepared By
MORRIS H. ERICKSON, Attorney at Law
Sturbridge Center, 810 Auto Mall Road
Bloomington, Indiana 47401
Telephone: (812)335-1111

"I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law (name)."


Morris H. Erickson

22
R
(4)

DULY ENTERED
FOR TAXATION

JUN 10 2011

Robin D. Lowder
Auditor of Hancock County

110005224 SWD \$22.00
06/10/2011 11:32:35A 4 PGS
Debra Carnes
Hancock County Recorder IN
Recorded as Presented


SPECIAL WARRANTY DEED

THIS INDENTURE WITNESSETH: THAT the undersigned, OLD NATIONAL BANK (hereinafter referred to as the "GRANTOR"), **CONVEYS AND SPECIALLY WARRANTS** to HANCOCK REGIONAL HOSPITAL (hereinafter referred to as the "GRANTEE"), all of GRANTOR'S right, title and interest in and to certain real property, together with fixtures owned by Grantor thereon, situate in Hancock County, Indiana, which property is more particularly described as follows, to-wit:

The land referred to in this Commitment, situated in the County of Hancock, State of Indiana, is described as follows:

A part of the Northeast and Southeast Quarters of Section 23, Township 17 North, Range 5 East in Hancock County, Indiana being more particularly described as follows:

Parcel 1

Commencing at a Harrison Monument marking the Northeast corner of the Southeast Quarter of said Section 23; thence on an assumed bearing of North 01 degree 09 minutes 35 seconds East along the East line of the Northeast Quarter a distance of 8.92 feet; thence North 89 degrees 12 minutes 03 seconds West a distance of 64.99 feet to the Proposed West Right-of-way line for Mount Comfort Road (County Road 600 West); thence South 01 degree 12 minutes 13 seconds West parallel with the said East line of the Southeast Quarter of Section 23 and along the said Proposed Right-of-way line a distance of 406.62 feet to the POINT OF BEGINNING; thence continuing South 01 degree 12 minutes 13 seconds West parallel with the said East line of the Southeast Quarter of Section 23 and along the said Proposed Right-of-way line a distance of 321.32 feet; thence North 89 degrees 50 minutes 16 seconds West a distance of 337.62 feet to the point of curvature of a curve to the left, the radius point of which bears South 00 degrees 09 minutes 44 seconds West a distance of 1000.00 feet; thence Southwesterly along said curve an arc distance of 188.99 feet to the point of tangency, the radius point of which bears South 10 degrees 39 minutes 58 seconds East a distance of 1000.00 feet, said curve being subtended by a long chord of South 84 degrees 44 minutes 53 seconds West a distance of 188.71 feet; thence South 79 degrees 20

**SALES DISCLOSURE APPROVED
HANCOCK COUNTY ASSESSOR**

FATG

minutes 02 seconds West a distance of 27.29 feet; thence North 10 degrees 39 minutes 58 seconds West a distance of 81.65 feet to the point of curvature of a curve to the left, the radius point of which bears South 79 degrees 20 minutes 02 seconds West a distance of 250.00 feet; thence Northwesterly along said curve an arc distance of 163.01 feet to the point of tangency, the radius point of which bears South 41 degrees 58 minutes 27 seconds West a distance of 250.00 feet, said curve being subtended by a long chord of North 29 degrees 20 minutes 46 seconds West a distance of 160.14 feet; thence North 48 degrees 01 minute 33 seconds West a distance of 196.75 feet; thence SOUTH 41 degrees 58 minutes 27 seconds WEST, a distance of 110.93 feet to the point of curvature of a tangent curve to the right having a radius of 150.00 feet and a chord bearing and distance of SOUTH 66 degrees 04 minutes 05 seconds WEST, 122.47 feet; thence westerly along said curve through a central angle of 48 degrees 11 minutes 17 seconds for a length of 126.16 feet; thence NORTH 89 degrees 50 minutes 16 seconds WEST, a distance of 739.76 feet to a non tangent curve to the right being along the east right-of-way line of North Runway Boulevard, said curve having a radius of 364.00 feet and a chord bearing and distance of NORTH 09 degrees 40 minutes 42 seconds EAST, 207.52 feet, thence northerly along said curve through a central angle of 33 degrees 01 minutes 26 seconds for a length of 210.44 feet; thence NORTH 26 degrees 14 minutes 25 seconds EAST, a distance of 183.78 feet to a tangent curve to the right having a radius of 24 feet and a chord bearing and distance of NORTH 67 degrees 24 minutes 33 seconds EAST, 31.60 feet; thence easterly along said curve through a central angle of 82 degrees 20 minutes 16 seconds for a length of 34.49 feet to the point of reverse curvature of a tangent curve to the left having a radius of 426.00 feet and a chord bearing and distance of NORTH 47 degrees 29 minutes 32 seconds EAST, 745.79 feet, said curve being along the east right-of-way line of Brook Crossing Circle; thence northeasterly along said curve through a central angle of 122 degrees 10 minutes 17 seconds for a length of 908.36 feet to the point of reverse curvature of a tangent curve to the right having a radius of 24.00 feet and a chord bearing and distance of NORTH 27 degrees 34 minutes 32 seconds EAST, 31.60 feet; thence northeasterly along said curve through a central angle of 82 degrees 20 minutes 16 seconds for a length of 34.49 feet; thence NORTH 68 degrees 44 minutes 40 seconds EAST, along the south right-of-way line of West Brookside Parkway 128.32 feet to the point of curvature of tangent curve to the right having a radius of 214.00 feet and a chord bearing and distance of NORTH 79 degrees 57 minutes 08 seconds EAST, 83.19 feet; thence Easterly along said curve through a central angle of 22 degrees 24 minutes 56 seconds for a length of 83.72 feet; thence SOUTH 88 degrees 50 minutes 25 seconds EAST, along the south right-of-way of West Brookside Parkway 325.24 feet to the northwest corner of the new hospital tract (the remaining calls are along the lines of said tract); thence South 01 degree 09 minutes 35 seconds West 429.72 feet to a curve to the right having a radius of 200.00 feet; thence southwesterly and southerly along said curve an arc length of 142.47 feet (said curve being subtended by a chord of South 21 degrees 34 minutes 01 second West 139.48

feet); thence South 41 degrees 58 minutes 27 seconds West 364.10 feet; thence South 88 degrees 47 minutes 47 seconds East 792.10 feet to the POINT OF BEGINNING, containing 20.682 acres, more or less.

Parcel 2

Easement as created, limited and defined by that certain Declaration of Cross Easement by and between Hancock Regional Hospital, Sherwood Hills South, Inc. and Blackwell Rentals, LLC dated September 25, 2008, recorded October 15, 2008 as instrument number 080010704.

Subject to the first installment of ad valorem real estate taxes for the year 2011, due and payable in May, 2012, and all subsequent taxes and assessments which the GRANTEE assumes and agrees to pay.

This conveyance is also made subject to any and all existing or recorded restrictions, exceptions, encroachment permits, leases, reservations, easements, highways, rights-of-way, conditions, building and use restrictions, and covenants of whatever nature, if any, and is expressly subject to all municipal, city, county and state zoning laws and other ordinances, regulations and restrictions, including statutes and other laws of municipal, county, or other governmental authorities applicable to and enforceable against the real estate described herein.

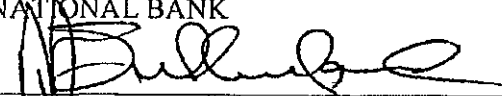
The GRANTOR warrants to the GRANTEE only that the title to the above-described real estate is free and clear from any and all liens, encumbrances or claims of every description imposed by the GRANTOR or suffered by the GRANTOR. GRANTOR assigns to GRANTEE the benefit of all prior warranties in the chain of title received by GRANTOR from GRANTOR's predecessors in title.

The undersigned person executing this Deed on behalf of GRANTOR represents and certifies that he is the duly elected Vice President of GRANTOR and has been fully empowered by resolution of the Board of Directors of GRANTOR to execute and deliver this Deed; that GRANTOR has full capacity to convey the real estate hereby conveyed; and that all necessary action for the making of such conveyance has been taken and done.

IN WITNESS WHEREOF, OLD NATIONAL BANK has caused this Special Warranty Deed to be executed in its name and on its behalf by its duly authorized Vice President this 4th day of JUNE, 2011.

OLD NATIONAL BANK

By


Andrew Sutherland, Vice President

END OF DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF Ugo)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named Andrew Sutherland, the Vice President of OLD NATIONAL BANK, and acknowledged the execution of the foregoing Special Warranty Deed for and on behalf of OLD NATIONAL BANK as his voluntary act and deed and the voluntary act and deed of such bank, for the purposes therein contained.

WITNESS my hand and Notarial Seal, this 1st day of June, 2011.

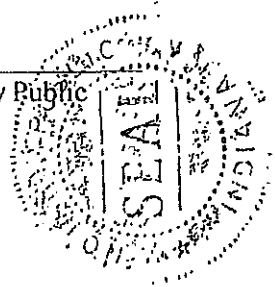
Jammie D Allsup
(Jammie D Allsup) Notary Public

County of Residence:

Ugo

My Commission Expires:

04/22/2016



ADDRESS OF GRANTEE AND BEING ALSO WHERE TAX DUPLICATES ARE TO BE SENT

UNLESS OTHERWISE NOTIFIED: Hancock Regional Hospital
801 N. State Street
Greenfield, IN 46140

ADDRESS OF PROPERTY:

TAX PARCEL NO. 30-01-23-800-030.003-018

THIS INSTRUMENT WAS PREPARED BY MARCO L. DELUCIO, ATTORNEY AT LAW, P. O. BOX 916, EVANSVILLE, INDIANA 47706.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Marco L. DeLucio

h:\onb\blackwell-land sale\special warranty deed.doc



May 16, 2018

Ryan Crum
Town of McCordsville
6280 W 800 N
McCordsville, IN 46055

Re: Statement of Intent to Develop Senior Independent Living in McCordsville, IN

Mr. Crum,

Please find the attached Special Exception Permit and Variance Permit for the proposed McCordsville Senior Lofts.

This development will include up to 57 units of age restricted (age 55+) apartments. It will include 1 and 2 bedroom units to be located in a single 3-story building. All units will include the full spectrum of modern amenities. Additional community amenities will include on-site management, a community room, fitness center, theater area, a business center, and outdoor community spaces. The building will also be 100% accessible and include GREEN building design. The development is anticipated to have a total development cost between \$10-11 million.

I am happy to discuss this with you in further detail at your convenience. Thank you again for the opportunity to submit this proposal. I appreciate your time and considerations.

Sincerely,

MV Residential Development

Pete Schwiegeraht

Pete Schwiegeraht
Developer



VICINITY MAP:

ADDRESS:
8356 N600W

PARCELS:
30-01-23-400-030.003-018
30-01-23-800-030.003-018

SITE:
1.84 ACRES NET

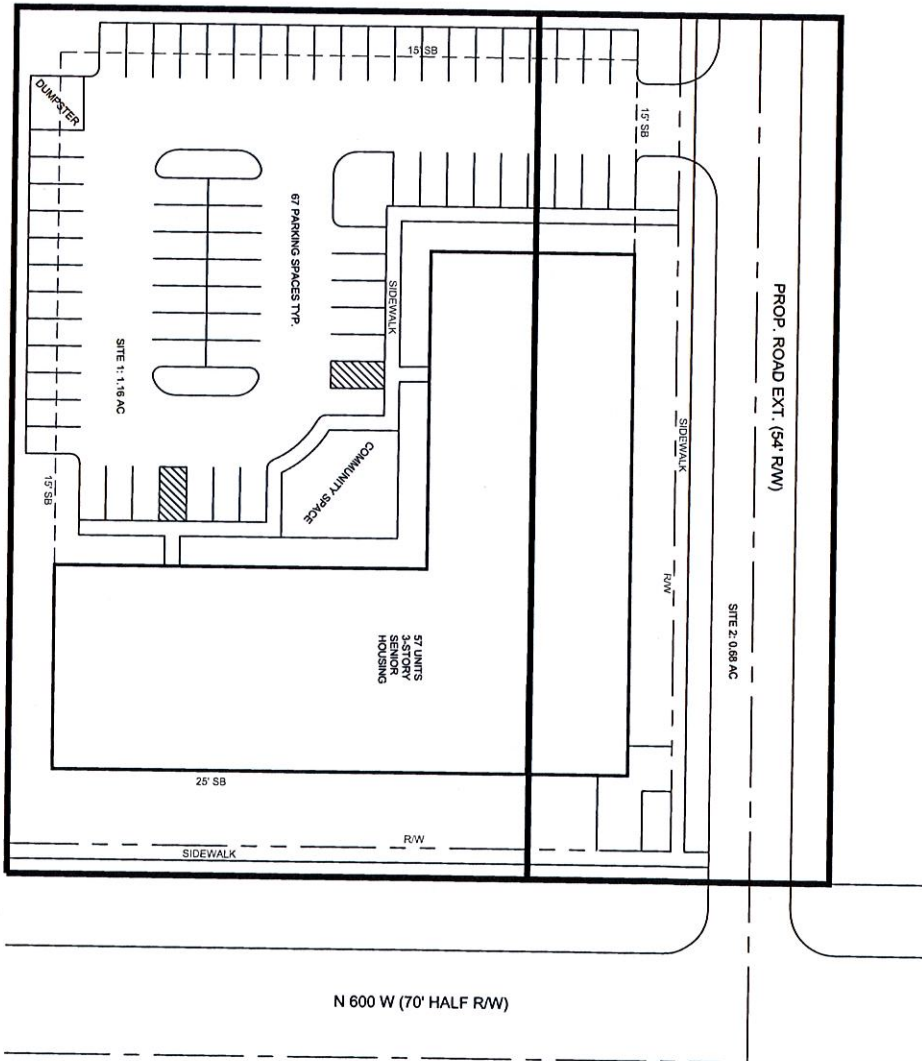
OWNER:
CITIZENS STATE BANK OF NEW CASTLE
HANCOCK REGIONAL HOSPITAL

DEVELOPER:
MVAH
9349 WATERSTONE BLVD
CINCINNATI, OHIO 45249

CONTACT:
PETE SCHWIEGERAHT
513-588-1617

REQUEST:
SPECIAL USE TO PERMIT 57 UNIT SENIOR DEVELOPMENT
VARIANCE REQUEST TO PERMIT FOR REDUCED SETBACKS

MCCORDSVILLE SENIOR LOFTS
MCCORDSVILLE, IN





VISIONS
BY MILLER VALENTINE



total real estate
solutions

UNITED SENIOR RESIDENCE