

# McCordsville

ESTD  1988

## INDIANA

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-24-013

Title: Cornerstone Companies' request for a Development Standards Variance(s) for wall signage at 5986 Main Street.

Meeting Date: This zoning petition is currently scheduled to be heard at the November 6th Board of Zoning Appeals (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".*



**Cornerstone Medical Construction LLC**

8902 N. Meridian St., Suite 205

Indianapolis, IN 46260

October 7, 2024

Board of Zoning Appeals  
6280 W 800 N  
McCordsville, IN 46055

**RE: IUH McCordsville – Statement of Intent - Exterior Signage Variance**

To whom it may concern,

In an effort to adhere to IU Health's branding and marketing standards, we would like to utilize a front lit cabinet sign on the Northeast, West, and Southeast elevations. The IU Health Trident does not allow for the use of reverse channel lettering as it is too intricate and has too many layers to accomplish such efforts. We have provided a letter from Hoosier Sign Guy further addressing why reverse channel lettering does not work for such application.

Additionally, we would like for the Town to consider/permit adding an exterior sign to the northeast façade, and not count the current wall sign at the north elevation that is mounted in the interior vestibule. The current wall signage is not visible during the day due to the tinting on the exterior upper storefront glazing.

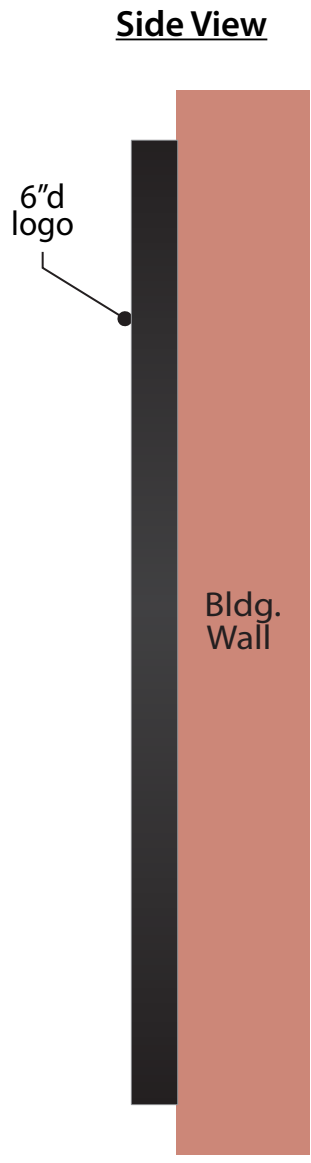
We greatly appreciate your consideration on these matters.

Sincerely,

Andrew Mattingly  
Sr. Project Manager  
Cornerstone Medical Construction, LLC.  
[amattingly@cornerstonecompaniesinc.com](mailto:amattingly@cornerstonecompaniesinc.com)  
cell: 317-331-0309

**INTERNALLY LIT SIGN CABINET**

Qty.3: 67" w x 78" h x 6" d / single sided / 36.4SF



**SIGN DETAILS:**

New aluminum fabricated single-sided, internally-lit sign cabinet, painted black  
Matte laminated, digitally printed translucent vinyl applied to polycarbonate face

**SIGN SCOPE:** Permit, Manufacture, and Install

**COLOR SPECS: Vinyl**

- Black
- White
- Pantone 201 C

**COLOR SPECS: Paint**

- Black



**317-984-5500**

4484 S. State Road 19, Tipton IN 46072  
hsgsigns.com

DATE	CLIENT	LOCATION	ADD. NOTES
09/05/2024	IU HEALTH	MCCORDSVILLE, IN	
JOB #	PROJECT MANAGER	DESIGNER	
240630-01	BLAKE L.	ASHLEIGH F.	

**DESIGN APPROVAL**

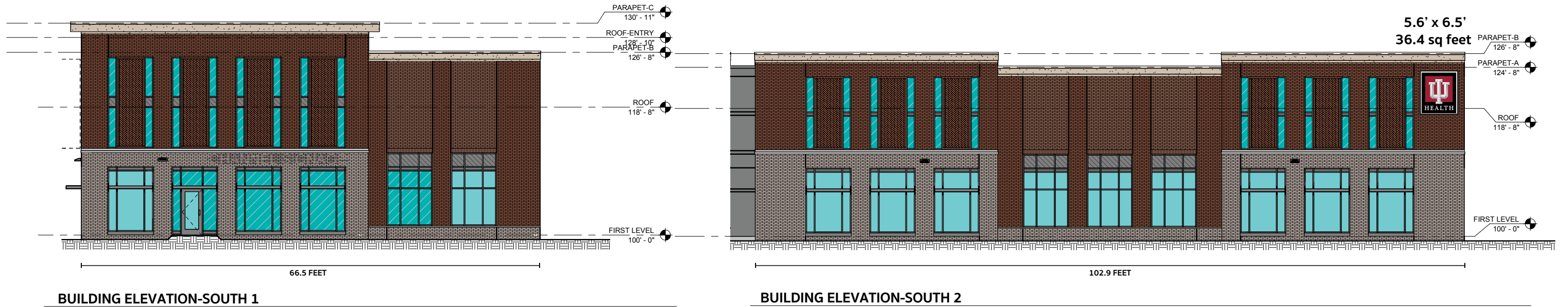
CLIENT SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

Before signing this Artwork Approval Form, please be sure to review your proof carefully and confirm that every detail on your proof is correct including wording, dates, spelling, punctuation, capitalization, color choices, layout and graphics. We do our best to alert you to color choices we think will make wording difficult to read. Ultimately, it is the responsibility of the customer to choose their colors. Since all computer monitors and devices display color differently, we cannot guarantee print colors will match colors viewed on screen. For these reasons, we do not accept returns based on color nor do we accept returns for approved proof errors. If Pantone colors are specified, they will be matched according to Pantone specifications and be matched as close as possible. **All artwork is property of Hoosier Sign Guy and is protected by copyright laws. External distribution is prohibited.**

# INTERNALLY LIT SIGN CABINET

Elevation



### SIGN DETAILS:

New aluminum fabricated single-sided, internally-lit sign cabinet, painted black  
Matte laminated, digitally printed translucent vinyl applied to polycarbonate face

### SIGN SCOPE: Permit, Manufacture, and Install

COLOR SPECS: Vinyl	COLOR SPECS: Paint
<ul style="list-style-type: none"> <li>■ Black</li> <li>□ White</li> <li>■ Pantone 201 C</li> </ul>	<ul style="list-style-type: none"> <li>■ Black</li> </ul>



**317-984-5500**  
4484 S. State Road 19, Tipton IN 46072  
**hsgsigns.com**

DATE	CLIENT	LOCATION	ADD. NOTES
09/05/2024	IU HEALTH	MCCORDSVILLE, IN	
JOB #	PROJECT MANAGER	DESIGNER	
240630-01	BLAKE L.	ASHLEIGH F.	

### DESIGN APPROVAL

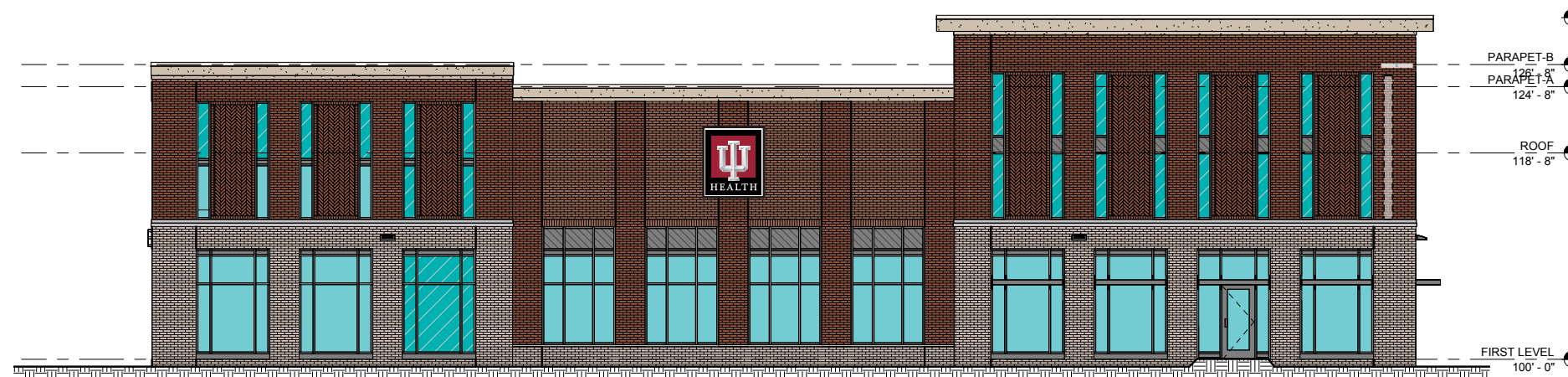
CLIENT SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

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# INTERNALLY LIT SIGN CABINET

Elevation



BUILDING ELEVATION-WEST

### SIGN DETAILS:

New aluminum fabricated single-sided, internally-lit sign cabinet, painted black  
Matte laminated, digitally printed translucent vinyl applied to polycarbonate face

### SIGN SCOPE: Permit, Manufacture, and Install

COLOR SPECS: Vinyl	COLOR SPECS: Paint
<ul style="list-style-type: none"> <li>■ Black</li> <li>□ White</li> <li>■ Pantone 201 C</li> </ul>	<ul style="list-style-type: none"> <li>■ Black</li> </ul>



**317-984-5500**  
4484 S. State Road 19, Tipton IN 46072  
**hsgsigns.com**

DATE	CLIENT	LOCATION	ADD. NOTES
09/05/2024	IU HEALTH	MCCORDSVILLE, IN	
JOB #	PROJECT MANAGER	DESIGNER	
240630-01	BLAKE L.	ASHLEIGH F.	

### DESIGN APPROVAL

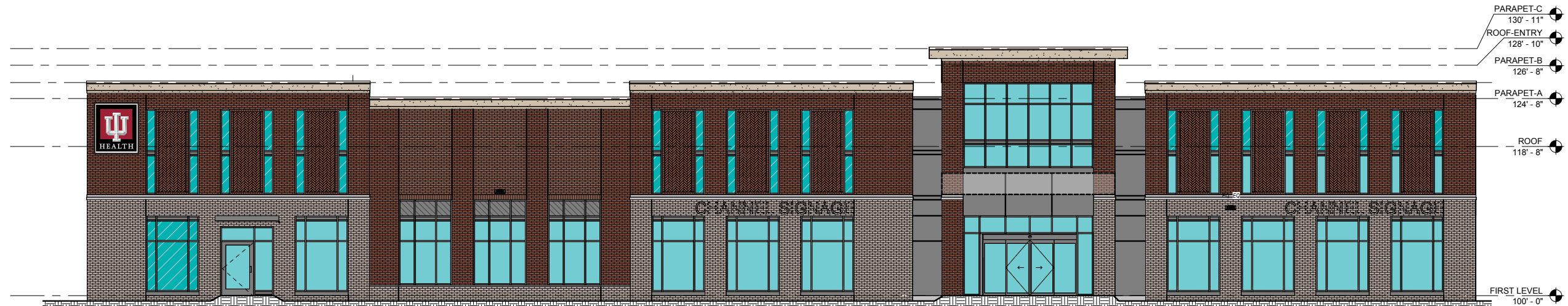
CLIENT SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

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# INTERNALLY LIT SIGN CABINET

Elevation



BUILDING ELEVATION-NORTH

### SIGN DETAILS:

New aluminum fabricated single-sided, internally-lit sign cabinet, painted black  
Matte laminated, digitally printed translucent vinyl applied to polycarbonate face

### SIGN SCOPE: Permit, Manufacture, and Install

#### COLOR SPECS: Vinyl

- Black
- White
- Pantone 201 C

#### COLOR SPECS: Paint

- Black



**317-984-5500**  
4484 S. State Road 19, Tipton IN 46072  
**hsgsigns.com**

DATE	CLIENT	LOCATION	ADD. NOTES
09/05/2024	IU HEALTH	MCCORDSVILLE, IN	
JOB #	PROJECT MANAGER	DESIGNER	
240630-01	BLAKE L.	ASHLEIGH F.	

#### DESIGN APPROVAL

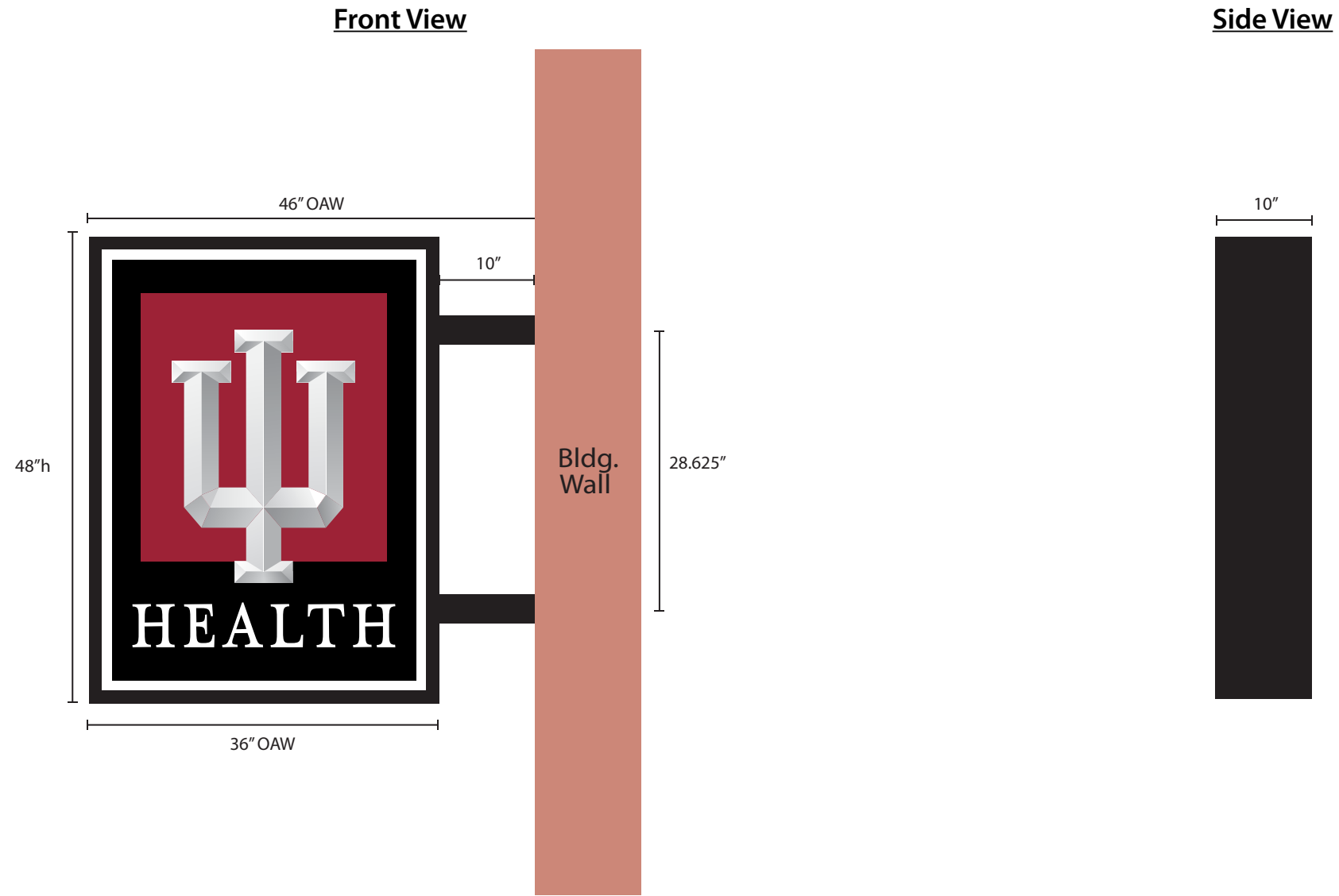
CLIENT SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

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**INTERNALLY LIT SIGN CABINET (BLADE)**

Qty.1: 36" w x 48" h x 10" d / double sided / 24SF



**SIGN DETAILS:**

New aluminum fabricated single-sided, internally-lit sign cabinet, painted black  
Matte laminated, digitally printed translucent vinyl applied to polycarbonate face

**SIGN SCOPE:** Permit, Manufacture, and Install

<b>COLOR SPECS: Vinyl</b>	<b>COLOR SPECS: Paint</b>
<ul style="list-style-type: none"> <li>■ Black</li> <li>□ White</li> <li>■ Pantone 201 C</li> </ul>	<ul style="list-style-type: none"> <li>■ Black</li> </ul>



**317-984-5500**  
4484 S. State Road 19, Tipton IN 46072  
**hsgsigns.com**

DATE	09/05/2024	CLIENT	IU HEALTH	LOCATION	MCCORDSVILLE, IN	ADD. NOTES
JOB #	240630-01	PROJECT MANAGER	BLAKE L.	DESIGNER	ASHLEIGH F.	

**DESIGN APPROVAL**

CLIENT SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

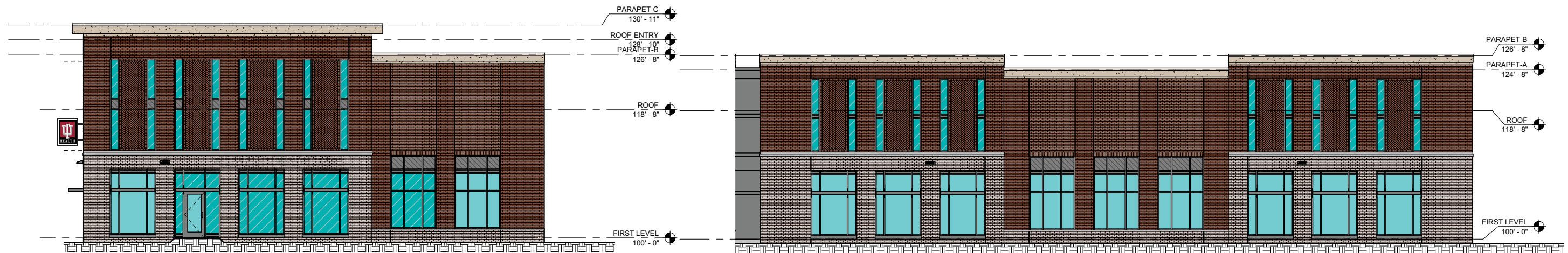
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# INTERNALLY LIT SIGN CABINET

Elevation



BUILDING ELEVATION-WEST



BUILDING ELEVATION-SOUTH 1

BUILDING ELEVATION-SOUTH 2

## SIGN DETAILS:

New aluminum fabricated single-sided, internally-lit sign cabinet, painted black  
Matte laminated, digitally printed translucent vinyl applied to polycarbonate face

## SIGN SCOPE: Permit, Manufacture, and Install

### COLOR SPECS: Vinyl

- Black
- White
- Pantone 201 C

### COLOR SPECS: Paint

- Black



**317-984-5500**  
4484 S. State Road 19, Tipton IN 46072  
**hsgsigns.com**

DATE	CLIENT	LOCATION	ADD. NOTES
09/05/2024	IU HEALTH	MCCORDSVILLE, IN	
JOB #	PROJECT MANAGER	DESIGNER	
240630-01	BLAKE L.	ASHLEIGH F.	

### DESIGN APPROVAL

CLIENT SIGNATURE X \_\_\_\_\_

DATE \_\_\_\_\_

Before signing this Artwork Approval Form, please be sure to review your proof carefully and confirm that every detail on your proof is correct including wording, dates, spelling, punctuation, capitalization, color choices, layout and graphics. We do our best to alert you to color choices we think will make wording difficult to read. Ultimately, it is the responsibility of the customer to choose their colors. Since all computer monitors and devices display color differently, we cannot guarantee print colors will match colors viewed on screen. For these reasons, we do not accept returns based on color nor do we accept returns for approved proof errors. If Pantone colors are specified, they will be matched according to Pantone specifications and be matched as close as possible. **All artwork is property of Hoosier Sign Guy and is protected by copyright laws. External distribution is prohibited.**



## Hoosier Sign Guy

4484 S. State Rd. 19  
Tipton, IN 46072  
317-984-5500  
hoosiersignguy.com

DATE: 10/6/24

Property Address: 5986 Main St. McCordsville, IN 46055

Dear Sir or Madam,

A reverse lit channel letter sign cabinet for the IU Health logo is not able to be fabricated. Reverse lit channel letters are a nice look, however they are meant to be installed as individual letters with spacers, and are to be mounted to a façade. This creates a halo lighting effect around the letters because the light is able to reflect off the façade. It also is meant for the faces of reverse lit channel letters to be a single color, and not multiple layers/textures. The IU Health logo does not work for the reverse lit option. Their trident logo has multiple layers and looks dimensional. It also has very fine letter strokes that aren't wide enough to fit the LEDs inside. That being said, we highly recommend front lit sign cabinets for this building because it allows us to install the LEDs inside the cabinet, and shine through the printed face of the logo allowing all the trident detail to stay intact. It also allows for plenty of space for our LEDs since there's a larger area inside the sign cabinet, and not inside the tiny strokes which are too small for LEDs to fit. Please reach out to me directly with any other questions/concerns, and I'll be glad to answer them.

Thanks,

Blake Langley

Owner

Hoosier Sign Guy

C: 765-437-4660

E: sales@hoosiersignguy.com



**McCCORDSVILLE BOARD OF ZONING APPEALS**  
**VARIANCE APPLICATION**

Zoning Ordinance Section 10.03

**Applicant Information**

Name: Andrew Mattingly

Current Address: 8902 N. Meridian St. Suite 113

(Number) (Street)

Indianapolis IN 46260

(City) (State) (Zip)

Phone No.: 317-331-0309 E-mail Address: amattingly@cornerstonecompaniesinc.com

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

Name: CCI McCordsville, LLC

Current Address: 5986 Main St.

(Number) (Street)

McCordsville IN 46055

(City) (State) (Zip)

Phone No.: 317-507-5227 E-mail Address: tbirge@cornerstonecompaniesinc.com

**Property Information**

Current Address: 5986 Main St.

(Number) (Street)

Subdivision Name (if applicable): McCord Square

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

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**Administrative Officer Use Only:**

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

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

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

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

Present Use of Property: Medical Office Building

Size of the Lot/Parcel in Question: 2.32 Acres

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:

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

**Variance Information**

Describe the variance requested: We would like to utilize internally lit cabinet signs at the exterior of the Northeast, West, and Southeast elevations. The Town has stated that the PUD required reverse channel

lettering which does not work with IU Health's Trident required by their branding and marketing team.

We would also like permission to add the Northeast sign and not count the interior vestibule sign as it is not visible during the day due to glazing tint.

Development Standards Variance Requested:

- |  |  |
|--|--|
| <input type="checkbox"/> Building Height               | <input type="checkbox"/> Entrance / Drive        |
| <input 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 checked="" type="checkbox"/> Sign         |
| <input type="checkbox"/> Other (please specify): _____ |  |

Describe reasons supporting the variance requested: We were previously granted permission to provide a front lit cabinet sign in the vestibule. Additionally, the reverse channel letters are mainly for individual letters that get mounted to a facade because they have the facade to reflect off of and give the letters a "halo" glow. The IU Health trident logo is not setup for a halo effect (far too fine and intricate) and does not work for this scenario.

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

**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): Not utilizing a lit cabinet sign will not allow us to adhere to IU Health's brand and marketing standards.

**Applicant's Signature**

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

Andrew Mattingly

Digitally signed by Andrew Mattingly  
DN: cn=U, e=amattin@cornerstonecompaniesinc.com, o=Cornerstone  
Medical Construction, LLC, ou=Andrew Mattingly  
Reason: I agree to the terms defined by the placement of my signature on this document  
Contact info: amattin@cornerstonecompaniesinc.com  
Date: 2024.10.24 09:58:09-0400

10/3/24

(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 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.

*J. Taggart Birge*

10/4/24

(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



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

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

Name: CCI McCordsville, LLC

Current Address: 5986 Main St.

(Number) (Street)

McCordsville, IN 46055

(City)

(State)

(Zip)

Phone No.: 317-507-5227

E-mail Address: tbirge@cornerstonecompaniesinc.com

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

Town Council

Plan Commission

Board of Zoning Appeals

**Property Information**

Current Address: 5986 Main St.

(Number) (Street)

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

McCord Square Phase 2, Lot 1

**Property Owners Consent:** I/WE, Tag Birge / CCI McCordsville LLC, 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: \_\_\_\_\_

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