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DATE _____

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TOWN OF LOWELL APPLICATION FOR SITE PLAN APPROVAL

NOTE: APPLICATION MUST BE COMPLETED AND FILED WITH THE BUILDING DEPARTMENT, 501 E. MAIN, LOWELL, INDIANA, AT LEAST ONE MONTH PRIOR TO PLAN COMMISSION MEETING AT WHICH THE COMMISSION IS TO CONSIDER SUCH APPLICATION. IF THE APPLICANT IS OTHER THAN THE OWNER OF THE PROPERTY, OWNER MUST ALSO SIGN THE APPLICATION, OR SUBMIT A LETTER AUTHORIZING APPLICANT TO ACT ON OWNER'S BEHALF.

DEVELOPMENT
NAME THE VILLAS AT CEDAR CREEK HEALTH CAMPUS

PETITIONER HEATH RIDER - TRILOGY HEALTH SERVICES, LLC. PHONE 419 420 5665

ADDRESS 303 N. HURSTBOURNE PKWY, SUITE 200, LOUISVILLE, KY 40222

PROPERTY OWNER TRILOGY HEALTH SERVICES, LLC. PHONE 419 420 5665

OWNER'S ADDRESS 303 N. HURSTBOURNE PKWY, SUITE 200, LOUISVILLE, KY 40222

GENERAL LOCATION OF SUBJECT PROPERTY EXPANSION OF EXISTING CEDAR CREEK HEALTH CAMPUS
LOCATED AT 18275 S. BURR STREET.

AREA 6.262 ACRES NO. OF LOTS 1 CURRENT ZONING R4

ARE MODIFICATIONS TO THE SUBDIVISION OR ZONING REGULATIONS BEING REQUESTED? YES NO

IF SO, PLEASE EXPLAIN PREVIOUSLY RECEIVED SPECIAL USE FOR ASSISTED LIVING FACILITY

PLEASE PROVIDE A BRIEF DESCRIPTION OF PROPOSED IMPROVEMENTS:

IMPROVEMENTS OF EXISTING DRY DETENTION BASIN ONSITE WITH ADDITIONAL
DRAINAGE STORM SEWER SYSTEM TO SERVICE NEW DEVELOPMENT

STREET CUTS TWO NEW APRONS/ENTRANCES ON BURR STREET

SANITARY SEWERS EXTENSION OF 8" SANITARY LINE TO SERVICE THE DEVELOPMENT

WATER SUPPLY EXTENSION OF 8" WATERLINE TO SERVICE NEW DEVELOPMENT

LANDSCAPING LANDSCAPING TO MEET LOWELL CODES AND REQUIREMENTS

SIGNAGE

NAME OF REGISTERED ENGINEER OR LAND SURVEYOR Karen Valiquett

ADDRESS 20600 CHAGRIN BLVD, SUITE 500 PHONE 216 378 1490
SHAKER HEIGHTS, OH 44122

ATTACHMENTS: APPLICANT MUST SUBMIT TEN (10) COPIES OF THE PROPOSED SITE PLAN IN ACCORDANCE WITH THE REQUIREMENTS LISTED IN THE TOWN OF LOWELL ORDINANCE

SIGNATURE OF APPLICANT

DATE 5-15-2023