



TOWN OF
LOWELL
CULTIVATING COMMUNITY

FINAL PLAT PETITION
(Non-Residential)

replat #25-008

CHECK LIST:

- ☒ Date of Filing
- ☐ Proof of Ownership or Articles if LLC
- ☐ Subdivision Petition
- ☐ Mylar (3 copies) (Once it is reviewed)
- ☐ Performance Bond or Letter of Credit
- ☒ Fee: \$100 + \$5.00 per lot
- ☐ Engineering Fee: To Be Determined
- ☐ Engineering Review Fee: To Be Determined

Ad published
5/27/25

Certified
letters
5/23/25

Name of Petitioner: **HEATH RIDER**

Mailing Address: **303 N. HURSTBOURNE PKWY,** Phone **419 420 5665**
SUITE 200, LOUISVILLE, KY 40222

Name of Owner: **TRILOGY HEALTH SERVICES, LLC.**

Mailing Address: **303 N. HURSTBOURNE PKWY,** Phone **419 420 5665**
SUITE 200, LOUISVILLE, KY 40222

Address Subdividing: **18275 S. BURR STREET, LOWELL, in 46356**

Legal Description: **ATTACHED**

(ATTACHED SHEET OF NECESSARY)

Request Final Approval of: **PROPOSED EASEMENT**

Present Use: **ASSISTED LIVING FACILITY**

Reason for Request: **EXPANSION OF EXISTING CAMPUS**

Proposed Usage: **SENIOR LIVING VILLAS AND MEMORY CARE FACILITY**

5-15-2025
Date

Heath Rider
Signature of Petitioner