



COMMON FORMS

PROJECT CONTACT LISTING

APPLICANT

Name:	Hobbs Station MU Multifamily QOZB LLC
Street Address:	211 N Pennsylvania Street One Indiana Square, Suite 1800
City/Town:	Indianapolis
State, ZIP:	Indiana 46204
Phone Number:	(608) 931-3650
E-Mail:	ibamgbose@ncdpartners.com

OWNER

Name:	Hobbs Station MU Multifamily QOZB LLC
Street Address:	211 N Pennsylvania Street One Indiana Square, Suite 1800
City/Town:	Indianapolis
State, ZIP:	Indiana 46204
Phone Number:	(608) 931-3650
E-Mail:	ibamgbose@ncdpartners.com

ENGINEER

Name:	Kimley-Horn and Associates, Inc. / Bryan Sheward, PE
Street Address:	250 E 96th Street, Suite 580
City/Town:	Indianapolis
State, ZIP:	Indiana 46240
Phone Number:	(317) 218-9560
E-Mail:	bryan.sheward@kimley-horn.com

ARCHITECT

Name:	Studio M Architecture & Planning / Alex Marsh
Street Address:	2 West Main Street
City/Town:	Carmel
State, ZIP:	Indiana 46032
Phone Number:	(317) 810-1502
E-Mail:	amarsh@studiomarchitecture.net

ATTORNEY

Name:	Tuohy Bailey & Moore LLP / Brian J. Tuohy
Street Address:	50 S. Meridian Street, Suite 700
City/Town:	Indianapolis
State, ZIP:	Indiana 46204
Phone Number:	(317) 638-2400
E-Mail:	btuohy@tbtorneys.com

OTHER

Name:	
Street Address:	
City/Town:	
State, ZIP:	
Phone Number:	
E-Mail:	

Of the persons above, is there a designated contact person?

<input type="checkbox"/>	Applicant
<input checked="" type="checkbox"/>	Engineer
<input checked="" type="checkbox"/>	Attorney

<input type="checkbox"/>	Owner
<input type="checkbox"/>	Architect
<input type="checkbox"/>	Other



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AUTHORIZATION FROM OWNER

The undersigned, Hobbs Station MU Multifamily QOZB LLC, being the Owner of the property commonly known as 2537 Smith Road, Plainfield, IN, hereby authorizes New City Development Partners, LLC or affiliated entities & Brian J. Tuohy, Attorney to file a (check all that apply):

- Zone Map Change
- Development Plan
- Primary Plat
- Secondary Plat
- Vacation
- Variance
- Special Exception
- Administrative Appeal

This consent shall remain in effect:

- until revoked by a written statement filed with the Department of Development Services.
- until: _____

Signature _____ Printed _____ Title (if applicable): _____ Date: _____	Signature _____ Printed _____ Title (if applicable): _____ Date: _____
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The undersigned, having been duly sworn on oath states the above information is true and correct as (s)he is informed and believes.

Signature of Applicant: [Signature] Date: 1/3/2022

Printed Name & Title: Isaac Bamgbose, Manager

State of: INDIANA)

County of: MARION) SS:

Subscribed and sworn to before me this 3rd day of January, 2022.

[Signature]
Notary Public Signature Printed Name

Residing in _____ County My Commission expires _____

NANCY L PAYNE
 Notary Public
 Marion County, State of Indiana
 Commission Expires May 26, 2023