



COMMON FORMS

PROJECT CONTACT LISTING

APPLICANT

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

Family Promise of Hendricks County
238 N. Vine St.
Plainfield
IN, 46168
317-296-3742
julie@familypromisehendrickscounty.org

OWNER

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

Family Promise of Hendricks County
238 N. Vine St.
Plainfield
IN, 46168
317-296-3742
julie@familypromisehendrickscounty.org

ENGINEER

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

Jeff Banning
853 Columbia Rd. Suite 101
Plainfield
IN, 46168
317-707-3713
jbanning@banning-eng.com

ARCHITECT

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

ATTORNEY

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

Amy Comer Elliott
71 W. Marion St.
Danville
IN, 46122
317-745-4300
aelliott@comerlaw.com

OTHER

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

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

- Applicant
- Engineer
- Attorney

- Owner
- Architect
- Other

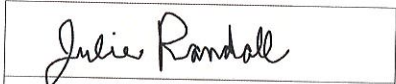


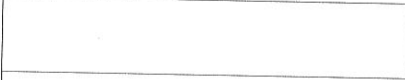

AUTHORIZATION FROM OWNER

The undersigned, Julie Randall, being the Owner of the property commonly known as Family Promise Resource Center, hereby authorizes Comer Law to file a (check all that apply):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Zone Map Change | <input checked="" type="checkbox"/> Development Plan | <input type="checkbox"/> Primary Plat | <input type="checkbox"/> Secondary Plat |
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Variance | <input type="checkbox"/> Special Exception | <input type="checkbox"/> Administrative Appeal |

This consent shall remain in effect:

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

Signature		Signature	
Printed	Julie Randall, Family Promise of Hendricks County	Printed	
Title (if applicable):	Executive Director	Title (if applicable)	
Date:	8/19/22	Date	

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: Julie Randall Date: 8/18/22

Printed Name & Title: Julie Randall, Executive Director

State of: Indiana)

County of: Hendricks) SS:

Subscribed and sworn to before me this 18th day of August, 2022.

Andrea J. Hilton , Andrea J. Hilton
 Notary Public Signature Printed Name

Residing in Hendricks County My Commission expires 2/11/28

