

LAWRENCE BOARD OF ZONING APPEALS  
OF MARION COUNTY, INDIANA

PETITION FOR APPROVAL

DOCKET NO: \_\_\_\_\_

ADDRESS OF PREMISES AFFECTED: 8935 East 46th Street

NAME OF PETITIONER(S): Chosen Lawrence Manor LLC, d.b.a. Hickory Treatment Lawrence PHONE 317-808-5820

PETITIONER(S) ADDRESS: c/o MAJH Holding Co. LLC FAX 317-636-1507  
11988 Fishers Crossing Drive, Suite 100, Fishers, IN 46038  
STREET ADDRESS CITY STATE ZIP

NAME OF AGENT: Krieg DeVault LLP and Kevin G. Buchheit PHONE 317-808-5820

AGENT'S ADDRESS: 12800 North Meridian Street, Suite 300, Carmel, IN 46032  
STREET ADDRESS CITY STATE ZIP

NAME OF OWNER(S): Same as Petitioner (above) PHONE: \_\_\_\_\_

OWNERS(S) ADDRESS: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP

IS/ARE THE PETITIONER/PETITIONERS THE OWNER/OWNERS OF ONE HUNDRED PERCENT(100%) OF THE INVOLVED IN THE PETITION:  YES  NO

LEGAL DESCRIPTION (CHECK ONE):

- COMPLETE METES & BOUNDS LEGAL DESCRIPTION ATTACHED.
- PLATTED SITE WITHIN A RECORDED SUBDIVISION, COPY OF PLAT MAP ATTACHED. LOT NUMBERS 8 & 9 SECTION NUMBERS \_\_\_\_\_ IN Watson SUBDIVISION, RECORDED IN PLAT BOOK 19, PAGE(S) 184 IN THE MARION COUNTY RECORDER'S OFFICE, OR RECORDED AS INSTRUMENT NUMBER \_\_\_\_\_ IN THE MARION COUNTY RECORDER'S OFFICE

IS THIS PROPERTY THE SUBJECT OF ANY CODE ENFORCEMENT ACTION?  YES  NO

WAS THIS PROPERTY THE SUBJECT OF ANY PREVIOUS PETITIONS?  YES  NO  
IF YES, LIST THE ORIGINAL NUMBER(S) \_\_\_\_\_

CURRENT ZONING D3 Dwelling TOWNSHIP Lawrence ACREAGE 0.864

NATURE OF EXISTING IMPROVEMENTS ON THE SUBJECT PREMISES:  
Nursing Home/Residential Care Facility

THE TYPE OF APPROVAL REQUESTED (CHECK ALL THAT APPLY):

- MODIFICATION OF CONDITIONS
- MODIFICATION OF COMMITMENTS
- MODIFICATION OF SITE PLAN
- MODIFICATION OF DEVELOPMENT STATEMENT
- SPECIAL DISTRICT (PK, HD, UQ)
- WAIVER OF RE-FILING RULE
- OTHER Affirmation of Administrative Determination

PROVIDE A DETAILED DESCRIPTION OF THE REQUEST INDICATED ABOVE. ATTACH ADDITIONAL PAGES, IF NECESSARY. See attached letter, with attached administrative determination.

THE ABOVE INFORMATION, TO MY KNOWLEDGE AND BELIEF, IS TRUE AND CORRECT.

Kevin G. Buchheit  
SIGNATURE(S) OF PETITIONER(S) AGENT

Chris DeLungo  
SIGNATURE(S) OF OWNERS(S)  
IF DIFFERENT THAN PETITIONER

STATE OF MISSOURI, COUNTY OF ST. LOUIS, SS:

SUBSCRIBED AND SWORN TO BEFORE ME THIS 21<sup>st</sup> DAY OF October, 2024

MY COMMISSION EXPIRES 2-5-2027 COUNTY OF RESIDENCE St Louis

Notary Signature

