



## PCAF-24-10

Application to Amend  
Final Plat

Status: Active

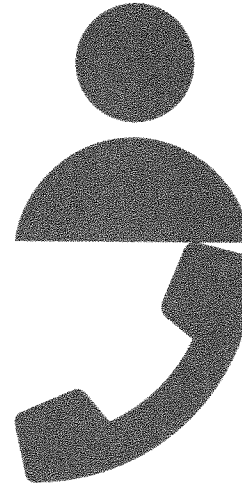
Submitted On: 6/18/2024

## Primary Location

114+ W Fifth St  
Madison, IN 47250

## Owner

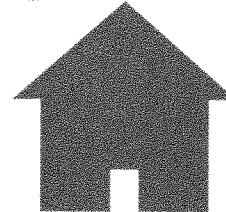
## Applicant



Devon  
Sharpe

317-508-  
2257

@ dsharpe@wjennerlaw.net



307  
Jefferson  
St.

Madison, IN 47250

## General Information

Are you the property owner? \*

No

## Property Owner Information

Property Owner Name\*

Julie Ann Brown

Mailing Street Address\*

PO Box 465

City\*

Madison

State\*

IN


Zip Code\*

47250

Permit Information

Address or Legal Description of Property\*

114+ W Fifth St., Madison, IN 47250

Parcel I.D. 

39-08-35-334-047.000-007

Subdivision Name

Zoning Classification

Sering and Leonard's Addition

CBD

Surveyor or Engineer Information

**Name\***

James Bertram Jr

**Mailing Street Address**

448 Meadow Lane

**City**

Madison

**State**

IN

**Zip Code**

47250

**Phone Number**

**Email**



# MADISON

Indiana  
Planning, Preservation and Design

DOCKET ID ASSIGNED:

PCAF-24-10

101 W Main St  
Madison, IN 47250  
(812) 265-8324

## Application to Amend Final Plat

Ad Fee (for Legal Notice)

\$ 15.00

Paper applications will be accepted by the Office of Planning, Preservation, and Design; however, electronic submissions through our Permit Portal are preferred. This application can be submitted electronically at [www.madison-in.gov/reporting](http://www.madison-in.gov/reporting).

Purpose: Per the City of Madison Subdivision Regulations, the Plan Commission may from time to time amend the provisions imposed by these regulations. Public hearing on an-proposed amendments shall be held by the Plan Commission in the "manner prescribed by law.

This application must be filed at least 15 days prior to scheduled meeting to be eligible for consideration at that meeting. Actual deadlines vary due to holidays, office business hours and operating schedule, media publishing deadlines, etc. Deadlines are published publicly and can also be provided by contacting the Planning Office.

### APPLICANT INFORMATION

Name: Julie Ann Brown  
Street: PO Box 465  
City: Madison State: IN Zip: 47250  
Phone (Preferred): 8122655132  
Phone (Alternate): \_\_\_\_\_  
Email: dsharp@wjennerlaw.net

### OWNER INFORMATION (IF DIFFERENT\*)

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (Preferred): \_\_\_\_\_  
Phone (Alternate): \_\_\_\_\_  
Email: \_\_\_\_\_

*\* If Applicant is not Owner, MUST submit documentation from owner authorizing applicant on their behalf.*

### PROPERTY FOR WHICH THE AMENDMENT IS REQUESTED

Address and/or Legal Description of Property: \_\_\_\_\_  
114+ W Fifth St., Madison, IN 47250  
Parcel I.D. (can be obtained from the office): 39-08-35-334-047.000-007  
Subdivision Name: Sering and Leonard's Addition Zoning Classification: \_\_\_\_\_

### SURVEYOR OR ENGINEER INFORMATION

Name: James Bertram Jr  
Mailing Street Address: 448 Meadow Lane  
City: Madison State: IN Zip: 47250  
Phone (Preferred): 8122732644 Email: \_\_\_\_\_

The final plat shall meet the standards of design as set forth in Article IV of the Subdivision Regulations and shall show the following information:

- ☐ The plat shall be at a scale of fifty (50) feet to one (1) inch or larger.
- ☐ Date, title, name, and location of subdivision, graphic scale, and north arrow.
- ☐ All dimensions, angles, bearings, and similar data on the plat shall be tied to primary control points. Locations and descriptions of said control points shall be given, except where deemed clearly unreasonable or infeasible by the Plan Commission.
- ☐ Tract boundary lines, right-of-way lines of streets, easements, and other right-of-way, and property lines of residential lots with accurate dimensions to the nearest one hundredth of a foot; bearings of deflection angles, radii, arcs, and central angles of all curves with dimensions to the nearest 30".
- ☐ Name and right-of-way width of each street, easement, or other right-of-way.
- ☐ Lot numbers, lot lines, and frontage dimensions.
- ☐ Names and locations of adjoining subdivisions and streets, the location of adjoining unplatted properties, and the names and addresses of the owners of adjoining unplatted properties.
- ☐ Certification on plat by registered engineer or land surveyor as to the accuracy of survey and plat. This should be located on the plat *in the format below*:

**CERTIFICATE OF ACCURACY**

I hereby certify that the plan shown and described hereon is true and correct survey to the accuracy required by the Madison, Indiana, Plan Commission, and that the monuments have been placed as shown hereon, to the specifications of the Building Inspector.

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Engineer/Surveyor

\_\_\_\_\_  
Registration Number

Certified letters **MUST** be mailed to adjoining property owners (includes owners of real estate at corners, across streets, alleys or easements as well as others who may share a common boundary) at least ten (10) days prior to the meeting. The Planning Office can assist you in obtaining this information. Proof of the Certified Mail receipts and the corresponding returned green cards shall be given to the Planning Office at least one (1) working day prior to the scheduled meeting. The Board will not review the application unless these are received.

I certify that the information provided in this application is true and accurate to the best of my ability and I understand and agree to the Certified mail stipulations. I understand that upon approval of the final plat, the President and Secretary of the Commission will sign the certificate which shall be part of the reproducible mylar of the subdivision, plus two prints of same. I will receive two signed prints upon approval. I understand that it is the responsibility as the Subdivider to file with the County Recorder one copy of the approved final plat within thirty (30) days of the final plat signature date. Failure to file within this time shall constitute a violation of this ordinance.

6-18-24  
Date

Julie Brax  
Signature of Applicant

**COMPLETED BY PLANNING OFFICE**

Application Accepted on: \_\_\_\_\_

Application Accepted by: \_\_\_\_\_

**Meeting Information: Plan Commission**

101 W Main St, Madison, IN 47250 – Council Chambers

Meeting Date: \_\_\_\_\_ Time: 5:30PM

**Documentation Review** (Completed by Planning Office)

- \_\_\_\_ Owner Authorization provided (if req'd)
- \_\_\_\_ Application is complete
- \_\_\_\_ Three (3) black or blue line copies of the final plat
- \_\_\_\_ One (1) reproducible print of the final plat
- \_\_\_\_ GIS Information to applicant and attached
- \_\_\_\_ Certified Mail Receipts received (attach)
- \_\_\_\_ Certified Mail Green Cards received (attach)

**Staff Notes**




1

© 2004 Blackwell Publishing Ltd, *Journal of Internal Medicine* 255: 103–110

1