

**#REZ-2015-0006**

**BILL NO. Z-15-02-18**

**ZONING MAP ORDINANCE NO. Z-\_\_\_\_\_**

**AN ORDINANCE amending the City of Fort Wayne  
Zoning Map No. Q-14 (Sec. 31 of St. Joseph Township)**

BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE,  
INDIANA:

SECTION 1. That the area described as follows is hereby designated a C1  
(Professional Office and Personal Services) District under the terms of Chapter 157 Title XV  
of the Code of the City of Fort Wayne, Indiana:

Part of the West Half of the East Half of the Southeast Quarter of Section 31,  
Township 31 North, Range 13 East, in the City of Fort Wayne, Allen County,  
Indiana, more particularly described as follows, to wit:

Beginning at the point of intersection of the East line of the West Half of the East  
Half of said Southeast Quarter with the North right-of-way line of Lake Avenue, said  
point being situated 40.0 feet, North 00 degrees 05 minutes 20 seconds West from  
the Southeast corner of said West Half; thence North 00 degrees 05 minutes 20  
seconds West, on and along said East line, a distance of 1345.28 feet; thence North  
90 degrees 00 minutes West and parallel to the South line of said Southeast Quarter,  
a distance of 637.36 feet to a point on the East right-of-way line of Beacon Street;  
thence South 00 degrees 03 minutes East, on and along said East right-of-way line,  
being situated parallel to and 25.0 feet Easterly of the West line of the East Half of  
said Southeast Quarter, a distance of 1320.28 feet to the point of intersection of said  
East right-of-way line with said North right-of-way line of Lake Avenue; thence  
South 45 degrees 01 minutes 30 seconds East, on and along said North right-of-way  
line, a distance of 35.37 feet; thence South 90 degrees 00 minutes East, continuing  
along said North right-of-way line, being situated parallel to and 40.0 feet Northerly  
of the South line of said Southeast Quarter, a distance of 613.27 feet to the point of  
beginning, containing 19.691 acres of land, subject to all easements of record.

and the symbols of the City of Fort Wayne Zoning Map No. Q-14 (Sec. 31 of St. Joseph  
Township), as established by Section 157.082 of Title XV of the Code of the City of Fort  
Wayne, Indiana is hereby changed accordingly.

SECTION 2. That this Ordinance shall be in full force and effect from and after its passage and approval by the Mayor.

Council Member

APPROVED AS TO FORM AND LEGALITY:

Carol T. Helton, City Attorney

# City of Fort Wayne Common Council

## DIGEST SHEET

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### Department of Planning Services

Title of Ordinance: Zoning Map Amendment  
Case Number: REZ-2015-0006 (Group 5 on plan)  
Bill Number: Z-15-02-18  
Council District: 2-Russ Jehl

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Introduction Date: February 24, 2015

Plan Commission  
Public Hearing Date: March 9, 2015

Next Council Action: Ordinance will return to Council after recommendation by the Plan Commission

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Synopsis of Ordinance: To rezone approximately 19.68 acres of property from R1-Single Family Residential to C1-Professional Office and Personal Services

Location: 1720 Beacon Street

Reason for Request: To permit the use of the property for health care, medical offices, hospital and related uses.

Applicant: Parkview Health System, Inc.

Property Owner: Parkview Health System, Inc.

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Related Petitions: REZ-2015-0002, 0003, 0004, 0005, 0007, 0008

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Effect of Passage: Property will be rezoned to C1-Professional Office and Personal Services which will bring the existing uses into compliance with the ordinance as uses by right and allow future medical related uses.

Effect of Non-Passage: The property will remain zoned R1-Single Family Residential and future changes to the campus may require Board of Zoning Appeals approvals or future rezoning petitions.

Department of Planning Services  
Rezoning Petition Application

|           |           |                                             |        |                            |     |            |
|-----------|-----------|---------------------------------------------|--------|----------------------------|-----|------------|
| Applicant | Applicant | Parkview Health System, Inc.                |        |                            |     |            |
|           | Address   | 10501 Corporate Drive, Post Office Box 5600 |        |                            |     |            |
|           | City      | Fort Wayne                                  | State  | Indiana                    | Zip | 46895-5600 |
|           | Telephone | 260-373-8404                                | E-mail | darrell.gerig@parkview.com |     |            |

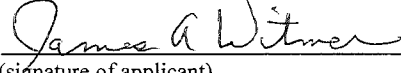
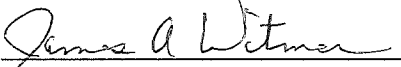
|                |                |                                                      |        |                            |     |       |
|----------------|----------------|------------------------------------------------------|--------|----------------------------|-----|-------|
| Contact Person | Contact Person | Peter G. Mallers of Beers Mallers Backs & Salin, LLP |        |                            |     |       |
|                | Address        | 110 West Berry Street, Suite 1100                    |        |                            |     |       |
|                | City           | Fort Wayne                                           | State  | Indiana                    | Zip | 46802 |
|                | Telephone      | 260-426-9706                                         | E-mail | pgmallers@beersmallers.com |     |       |

All staff correspondence will be sent only to the designated contact person.

|                |                                                             |                                                                              |                    |                    |                       |                                                                                                               |
|----------------|-------------------------------------------------------------|------------------------------------------------------------------------------|--------------------|--------------------|-----------------------|---------------------------------------------------------------------------------------------------------------|
| Request        | <input type="checkbox"/> Allen County Planning Jurisdiction | <input checked="" type="checkbox"/> City of Fort Wayne Planning Jurisdiction |                    |                    |                       |                                                                                                               |
|                | Address of the property                                     |                                                                              | 1720 Beacon Street |                    |                       |                                                                                                               |
|                | Present Zoning                                              | R-1                                                                          | Proposed Zoning    | C-1                | Acreage to be rezoned | See Exhibit "A" attached                                                                                      |
|                | Proposed density                                            | N/A                                                                          |                    |                    | units per acre        |                                                                                                               |
|                | Township name                                               | St. Joseph                                                                   |                    | Township section # | 31                    |                                                                                                               |
|                | Purpose of rezoning (attach additional page if necessary)   |                                                                              |                    |                    |                       | To permit the use of the property for the following: health care, medical offices, hospital, and related uses |
| Sewer provider |                                                             | City of Fort Wayne                                                           |                    | Water provider     | City of Fort Wayne    |                                                                                                               |

|                     |                                                                                                                                                                                                              |  |
|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Filing Requirements | Applications will not be accepted unless the following filing requirements are submitted with this application. Please refer to checklist for applicable filing fees and plan/survey submittal requirements. |  |
|                     | <input type="checkbox"/> Applicable filing fee                                                                                                                                                               |  |
|                     | <input type="checkbox"/> Applicable number of surveys showing area to be rezoned (plans must be folded)                                                                                                      |  |
|                     | <input type="checkbox"/> Legal Description of parcel to be rezoned                                                                                                                                           |  |
|                     | <input type="checkbox"/> Rezoning Questionnaire (original and 10 copies) County Rezoning Only                                                                                                                |  |

I/we understand and agree, upon execution and submission of this application, that I am/we are the owner(s) of more than 50 percent of the property described in this application; that I/we agree to abide by all provisions of the Allen County Zoning and Subdivision Control Ordinance as well as all procedures and policies of the Allen County Plan Commission as those provisions, procedures and policies related to the handling and disposition of this application; that the above information is true and accurate to the best of my/our knowledge; and that I/we agree to pay Allen County the cost of notifying the required interested persons at the rate of \$0.85 per notice and a public notice fee of \$50.00 per Indiana code.

|                                  |                                                                                      |                |
|----------------------------------|--------------------------------------------------------------------------------------|----------------|
| Parkview Health System, Inc. by: |  | <u>1/29/15</u> |
| (printed name of applicant)      | (signature of applicant)                                                             | (date)         |
| Parkview Health System, Inc. by: |  | <u>1/29/15</u> |
| (printed name of property owner) | (signature of property owner)                                                        | (date)         |
| _____                            | _____                                                                                | _____          |
| (printed name of property owner) | (signature of property owner)                                                        | (date)         |
| _____                            | _____                                                                                | _____          |
| (printed name of property owner) | (signature of property owner)                                                        | (date)         |

|          |             |              |               |
|----------|-------------|--------------|---------------|
| Received | Receipt No. | Hearing Date | Petition No.  |
| 2/3/15   | 117011      | 3/9/15       | Rez-2015-0006 |



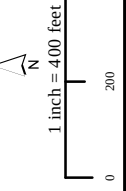


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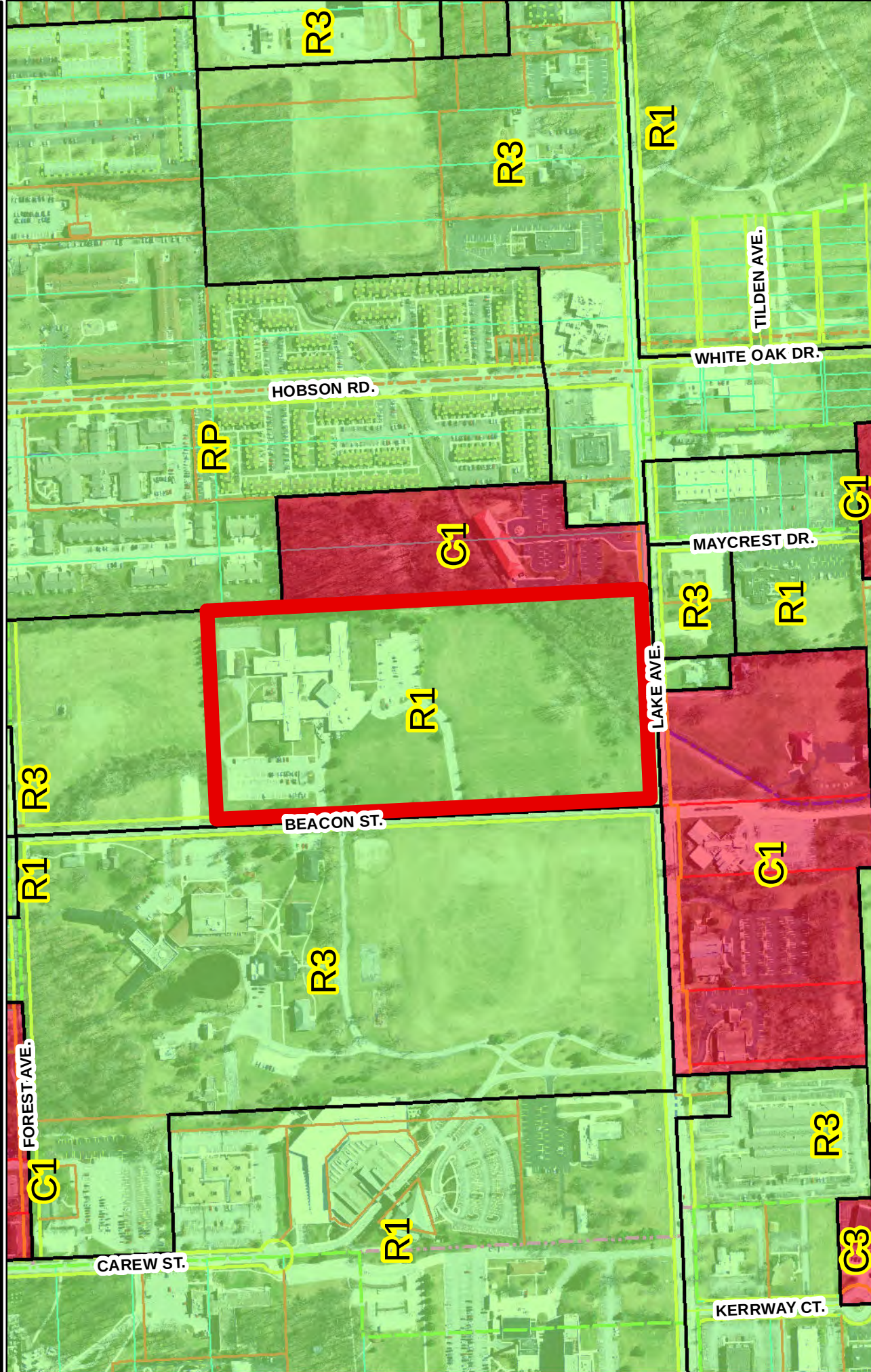
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# Rezoning Petition REZ-2015-0006



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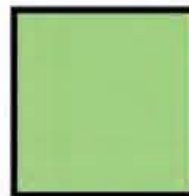
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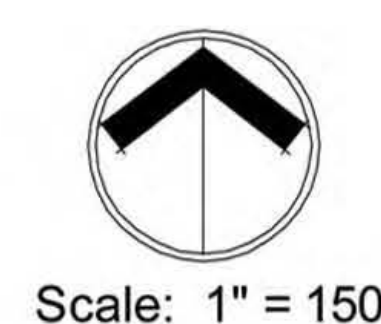
Date: 2/16/2015





|                                                                                       |                                                    |
|---------------------------------------------------------------------------------------|----------------------------------------------------|
|  | R1 - SINGLE FAMILY RESIDENTIAL                     |
|  | R-3 - MULTIPLE FAMILY RESIDENTIAL                  |
|  | C1 - PROFESSIONAL OFFICES AND<br>PERSONAL SERVICES |
|  | C2 - LIMITED COMMERCIAL                            |
|  | I1 - LIMITED INDUSTRIAL                            |

Fort Wayne, Indiana  
January 2015







# Parkview Randallia Rezoning Groups 1 through 7 Reference Map



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