



PCRZ-24-9

Application to Amend
the Official Zoning Map
(Rezoning)

Status: Active

Submitted On: 10/30/2024




Primary Location

130 MILES RIDGE RD
MADISON, IN 47250

Owner

GOODLETT THOMAS E &
CAROLYNE
WINDING WAY 200
SHELBYVILLE, KY 40065-8971

Applicant

 Michael Becht
 502-797-1281
 michaelbecht@gmail.com
 130 Miles Ridge Rd
Madison, IN 47250

General Information

Are you the property owner? *

No

Property Owner Information

Property Owner Name*

Thomas and Carolynne Goodlett

Mailing Street Address*

200 Winding Way

City*

Shelbyville

State*

KY

Zip Code*

40065

Permit Information

Address or Legal Description of Property*

130 Miles Ridge Rd

Parcel I.D. 

39-08-23-300-122.000-007

Present Zoning Classification*

R-4

Approximate Cost of Work to be Done

400000

Description of Proposed Use*

Orthodontist Office

Proposed Zoning Classification*

GB

Description of the rezoning request*

We propose rezoning this property to permanently allow a dental/orthodontic/clinical use at the property. It was built as a dental practice but has never been rezoned from Residential.

Acknowledgement

Certified letters MUST be mailed to adjoining property owners (includes owners of real estate at corners, accross 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.

Digital Signature*

✔ Staff Entry for Michael Becht
Oct 30, 2024

PROPERTY OWNER AUTHORIZATION FORM

I/We, Dr. Thomas Goodlett & Carolynne Goodlett hereby authorize
(Property Owner(s) – Please Print)

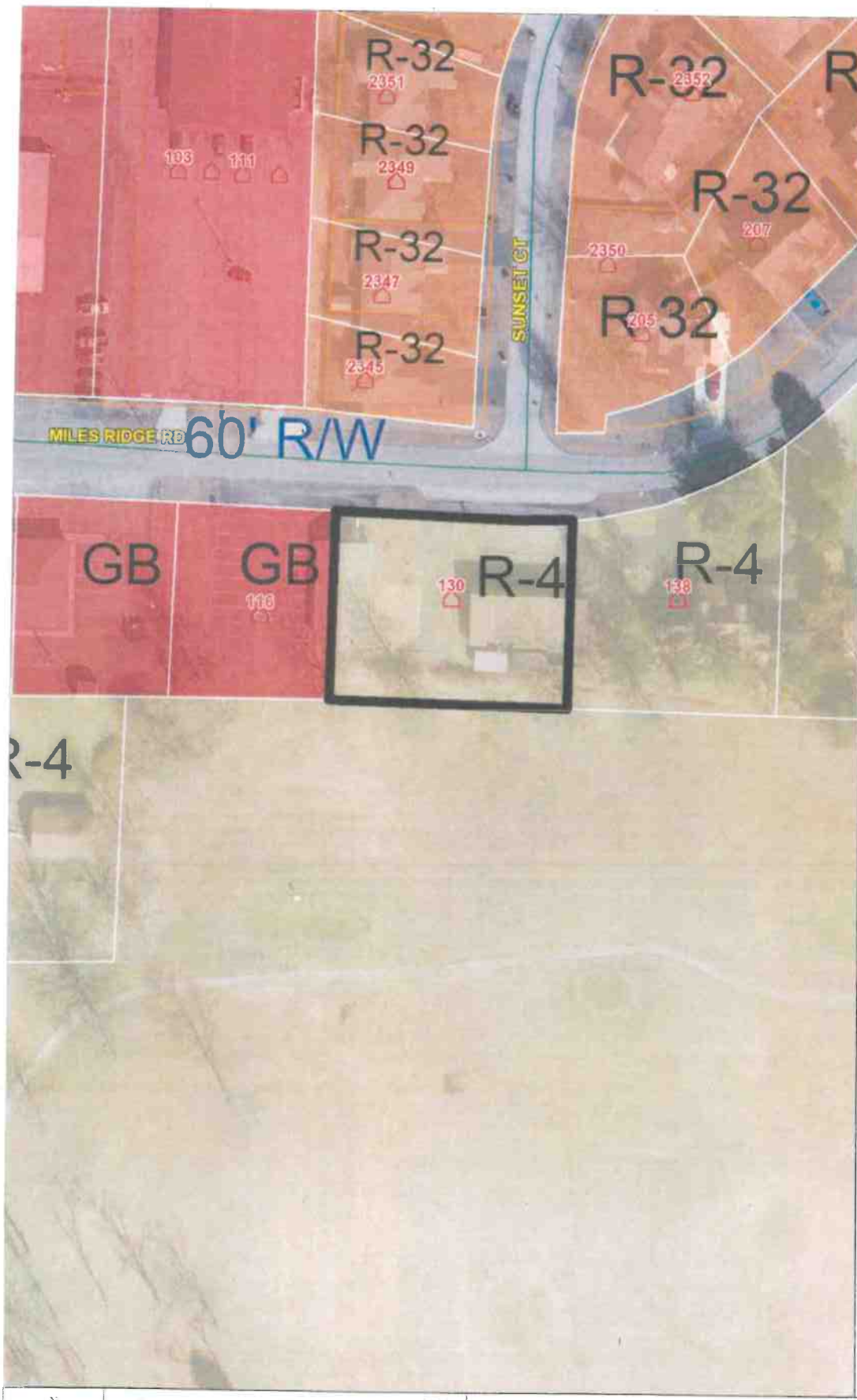
Dr. Michael Becht, representative for _____
(Applicant's Name) (Company, Firm, Organization)

to make application for a Rezoning to
(Type of Permit)
From - R4 → GB at
(Description of Proposed Work)

130 Miles Ridge Rd.
(Property Address)

Madison, IN 47250
(City, State, Zip Code)

Carolynne W Goodlett, Thomas E Goodlett 10-23-24
(Property Owner Signature) (Date)



- Madison Zoning**
Zoning Code:
- GB
 - R-32
 - R-4
- Regional Counties
- County Boundary
 - Townships
 - Corporate Boundaries
- Water
- Parcels
 - Drives, Alleys, etc.
- Addresses
- Regional Counties
 - Regional Roads
 - Regional Highways
 - Water
 - Railroad
 - Drives, Alleys, etc.
 - Roads
 - Highways

