

# *720 E 25TH STREET*

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## *INDIANAPOLIS, INDIANA 46205*

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PROJECT NO:

1

**720 EAST 25TH STREET**  
INDIANAPOLIS, INDIANA 46205

DATE:  
SEPTEMBER 16, 2024

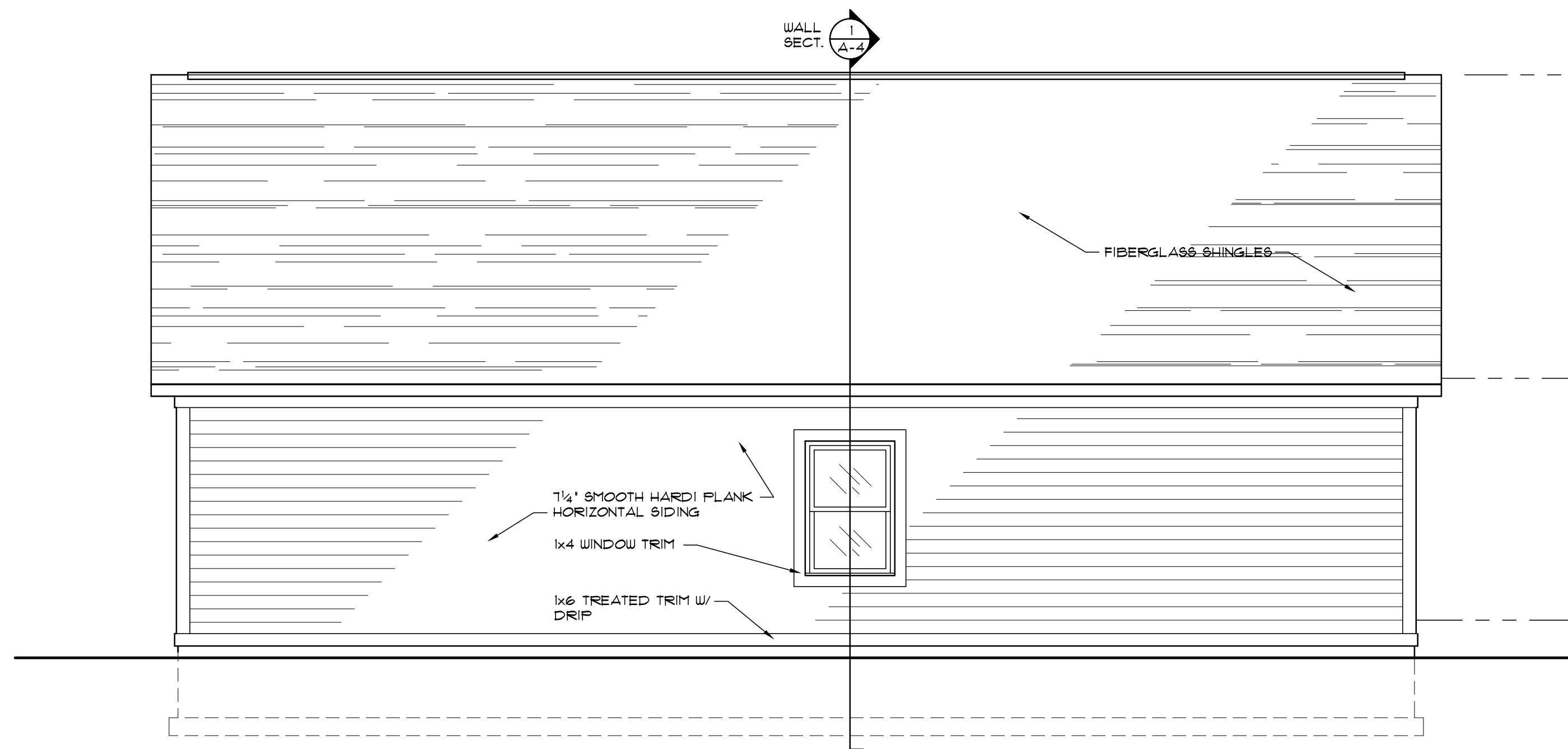
REVISIONS:  
OCTOBER 29, 2024

T-1

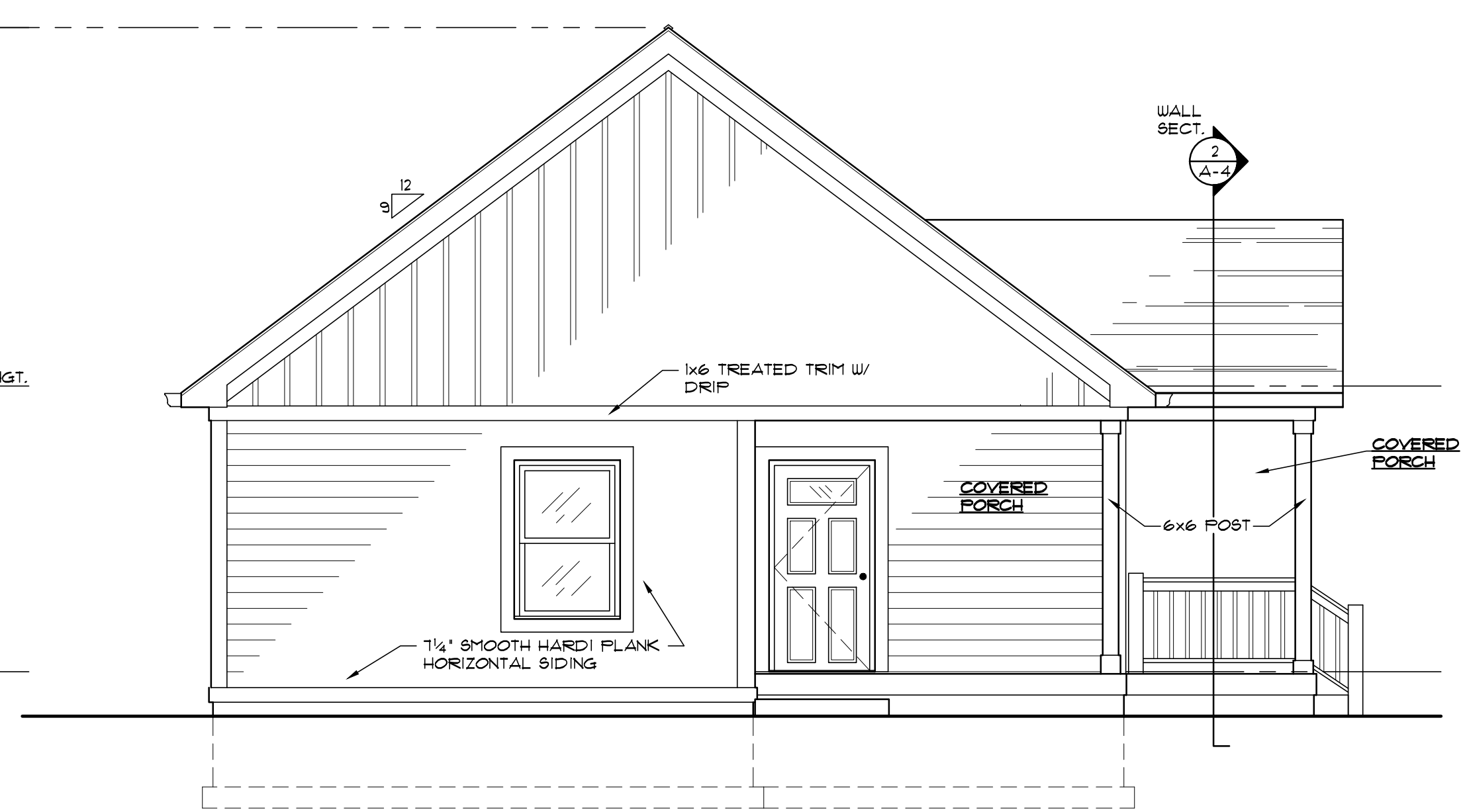
SHEET NO.

### SHEET INDEX

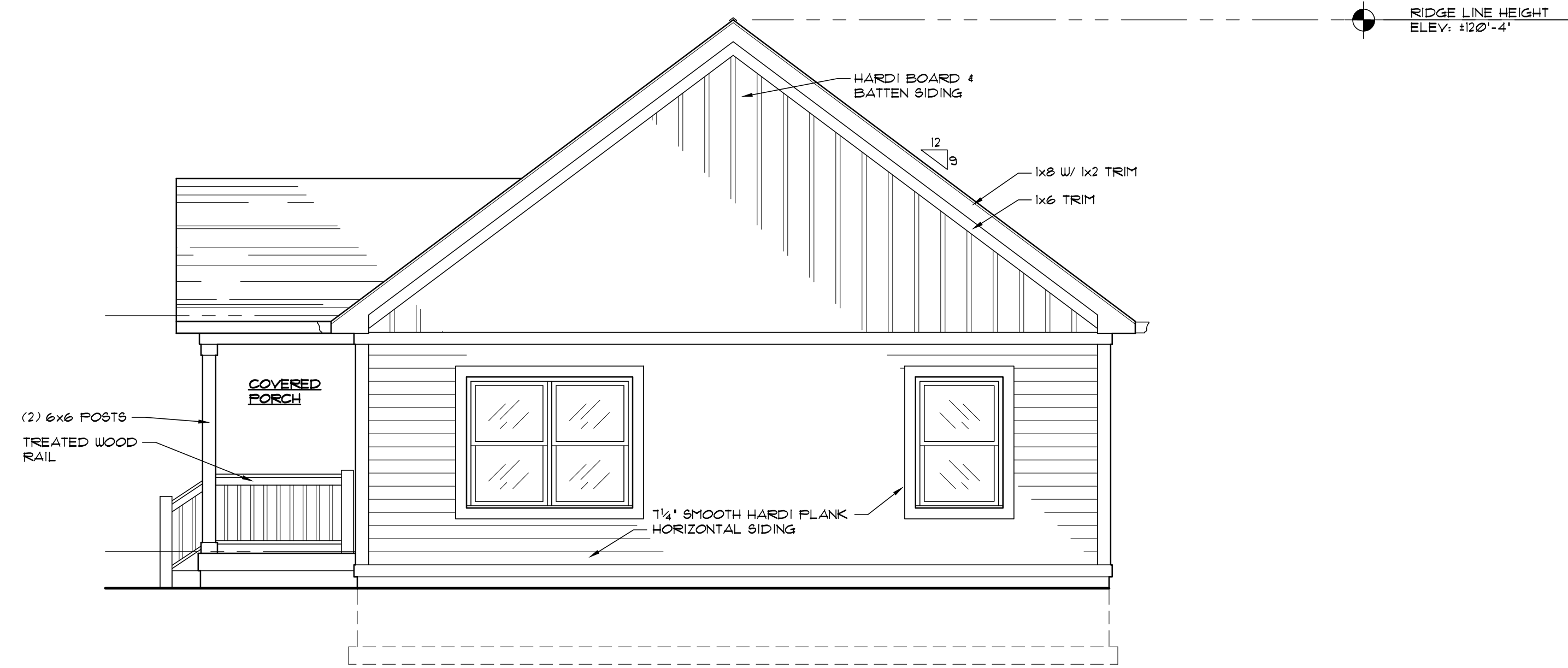
- T-1 COVER SHEET
- C-1 SITE PLAN
- A-1 FOUNDATION & FLOOR PLANS
- A-2 CEILING & ROOF PLANS
- A-3 EXTERIOR ELEVATIONS
- A-4 WALL SECTIONS



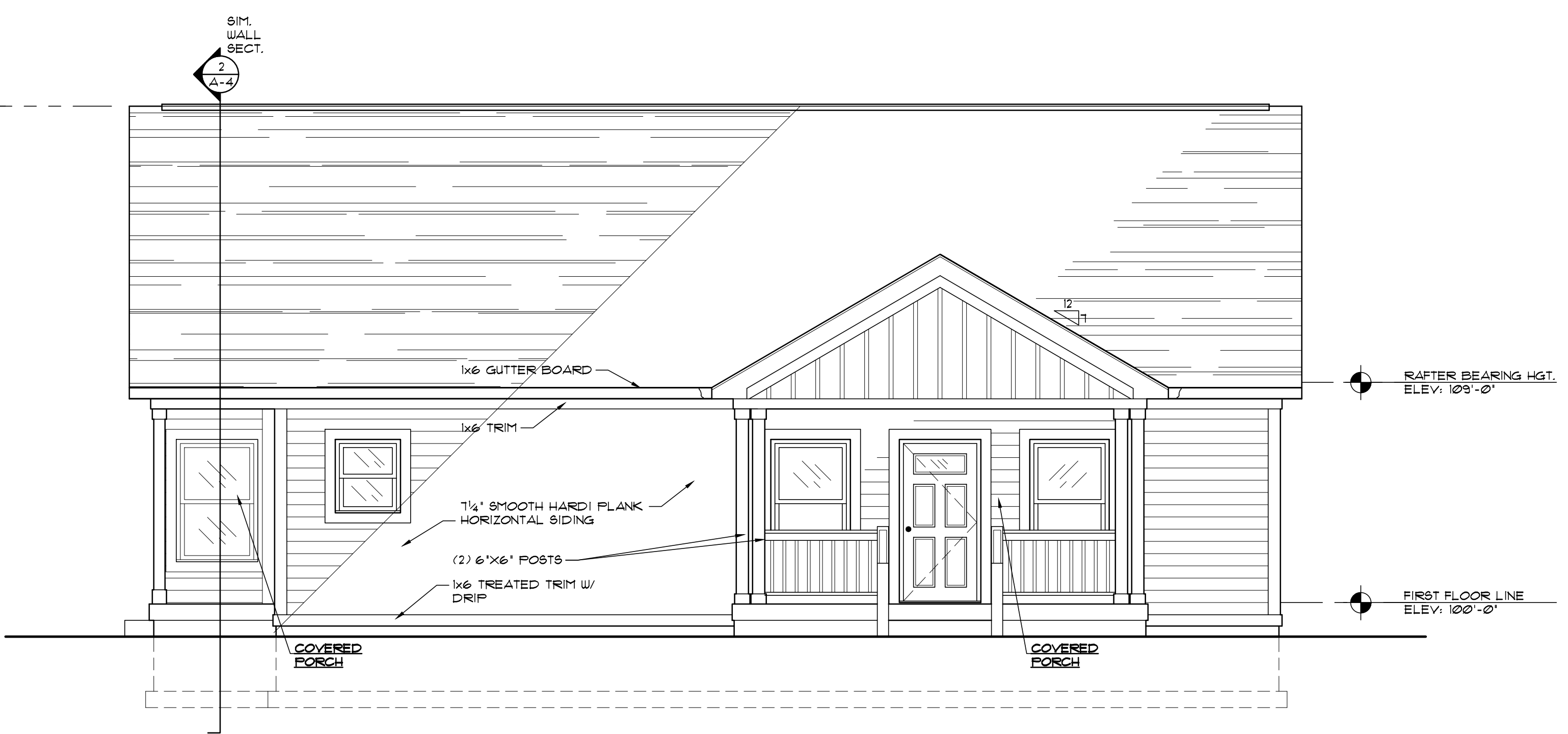
3 NORTH ELEVATION  
SCALE: 1/4" = 1'-0"



4 WEST ELEVATION  
SCALE: 1/4" = 1'-0"



2 EAST ELEVATION  
SCALE: 1/4" = 1'-0"



1 SOUTH ELEVATION  
SCALE: 1/4" = 1'-0"

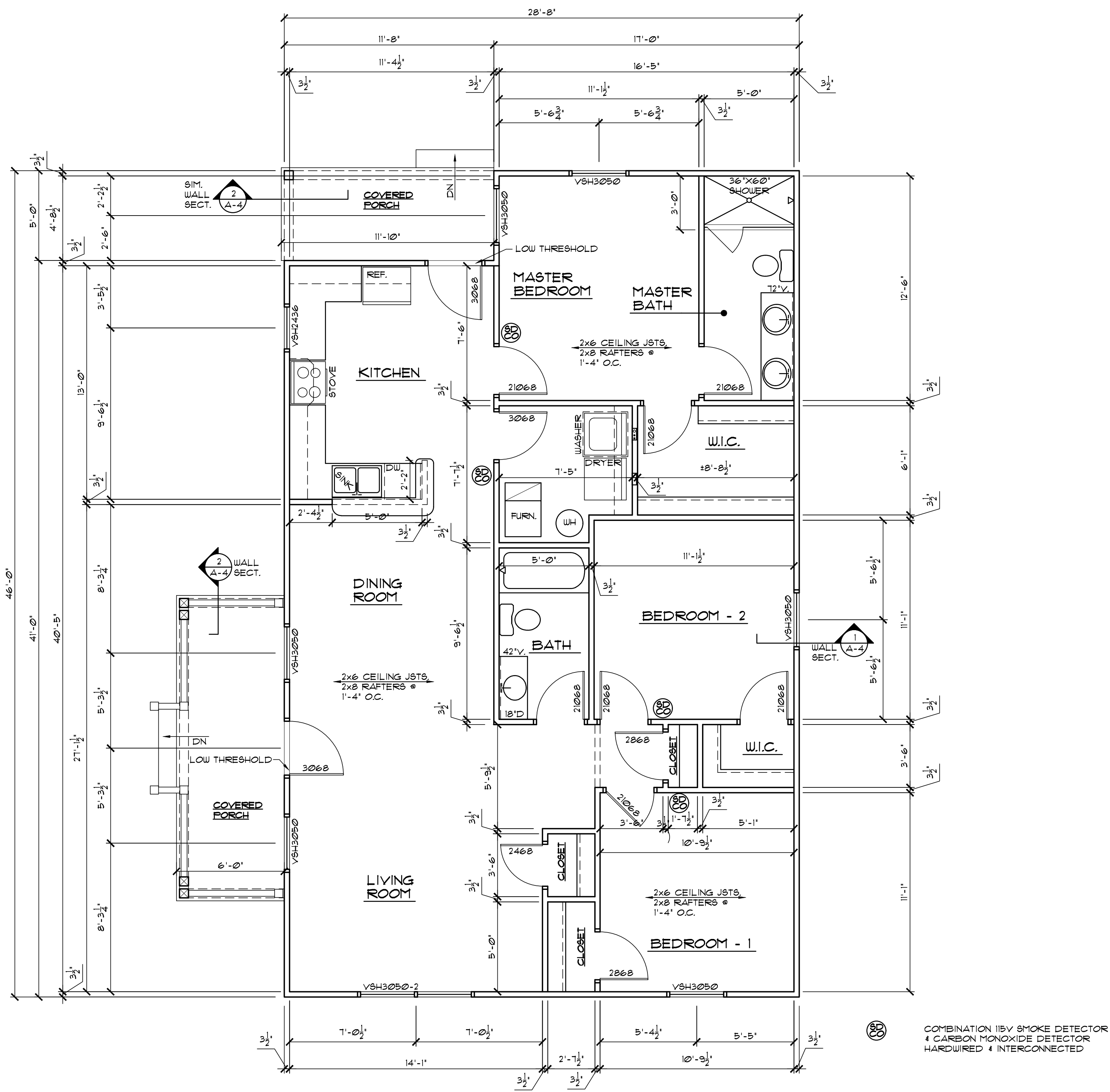
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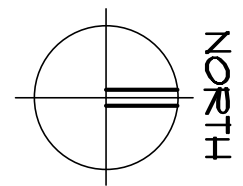
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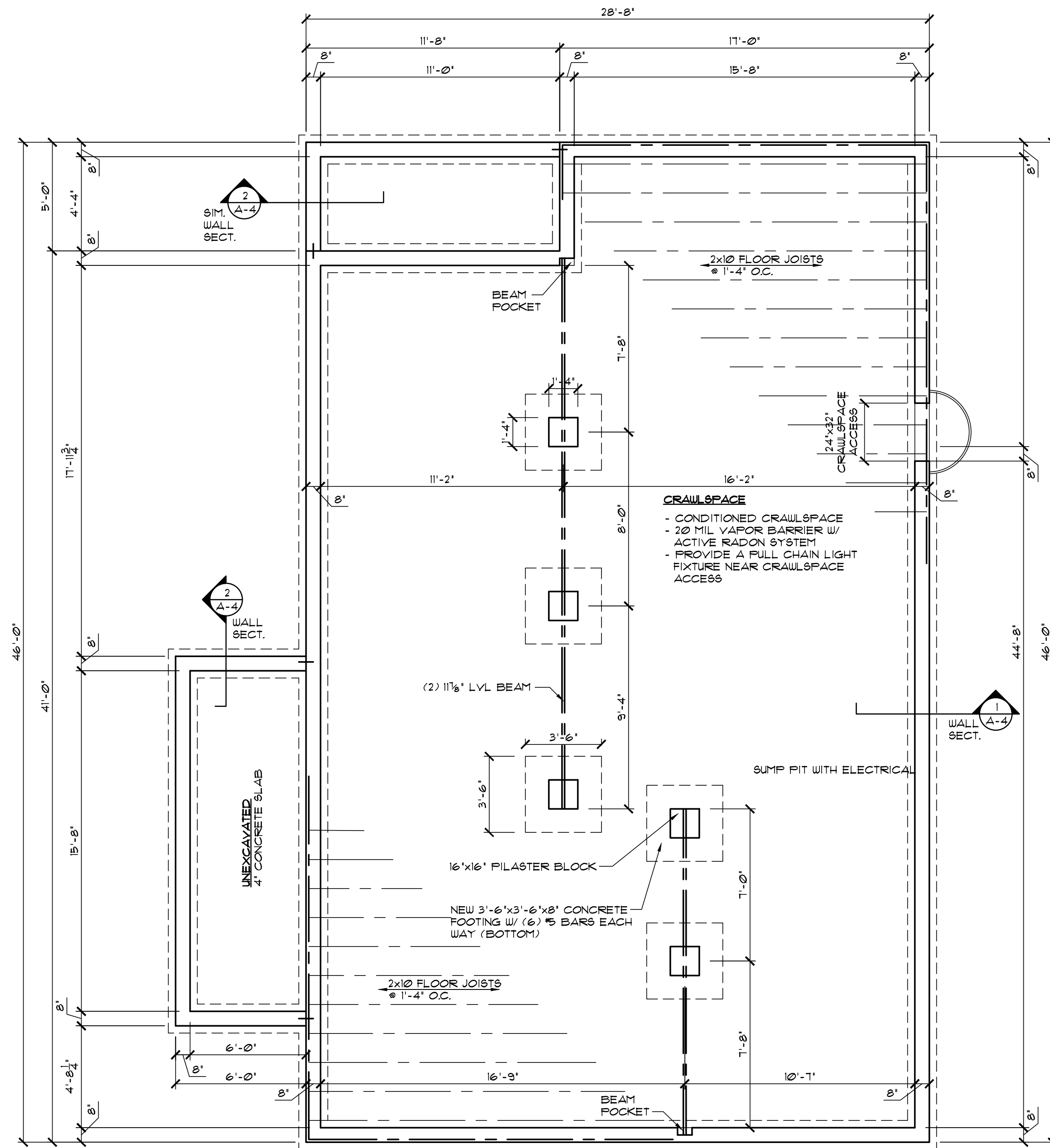
A-3  
SHEET NO.



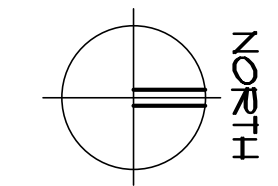
**2 FLOOR PLAN**  
SCALE: 1/4" = 1'-0"



COMBINATION IBSV SMOKE DETECTOR  
& CARBON MONOXIDE DETECTOR  
HARDWIRED & INTERCONNECTED



**1 FOUNDATION PLAN**  
SCALE: 1/4" = 1'-0"

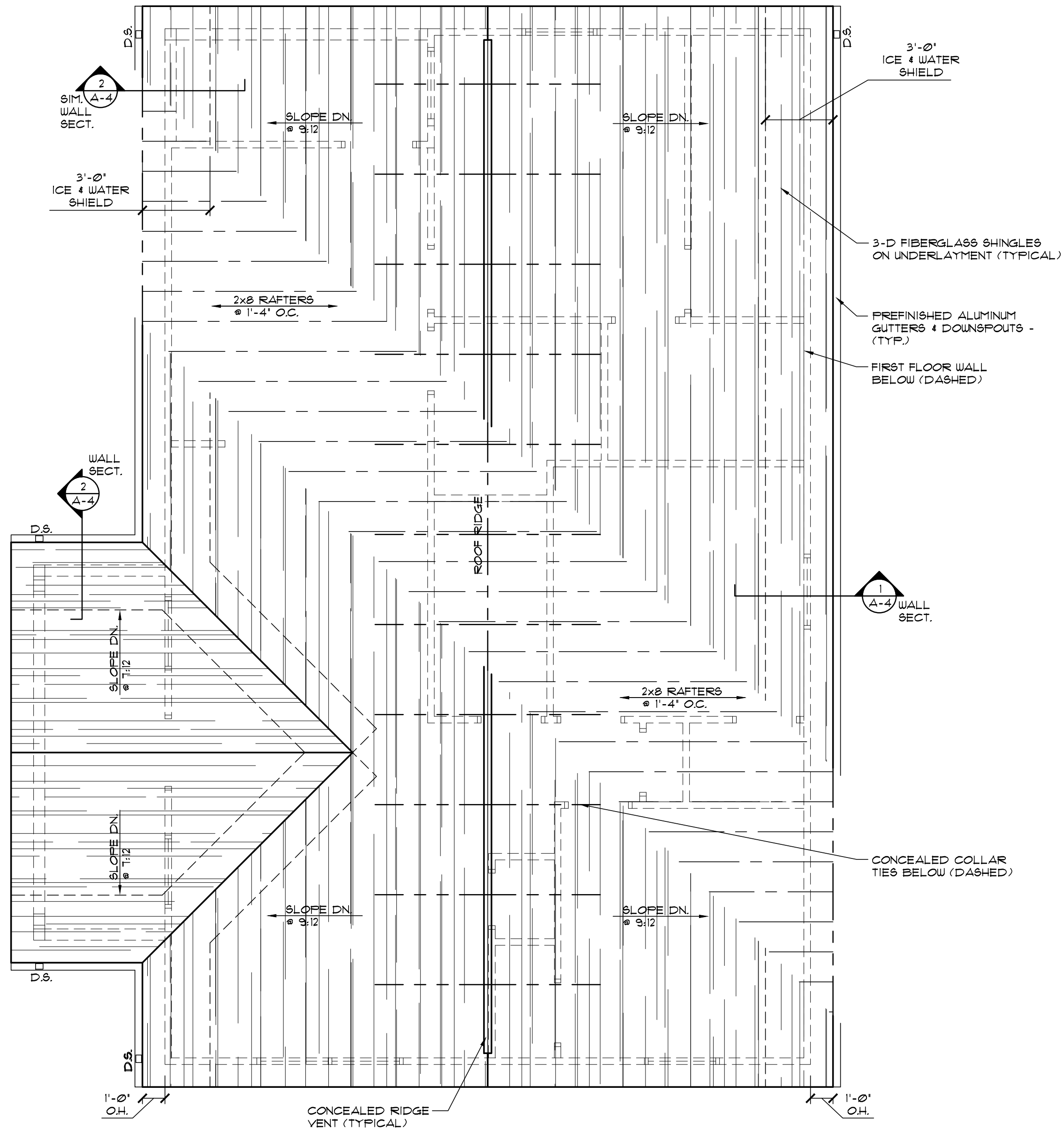


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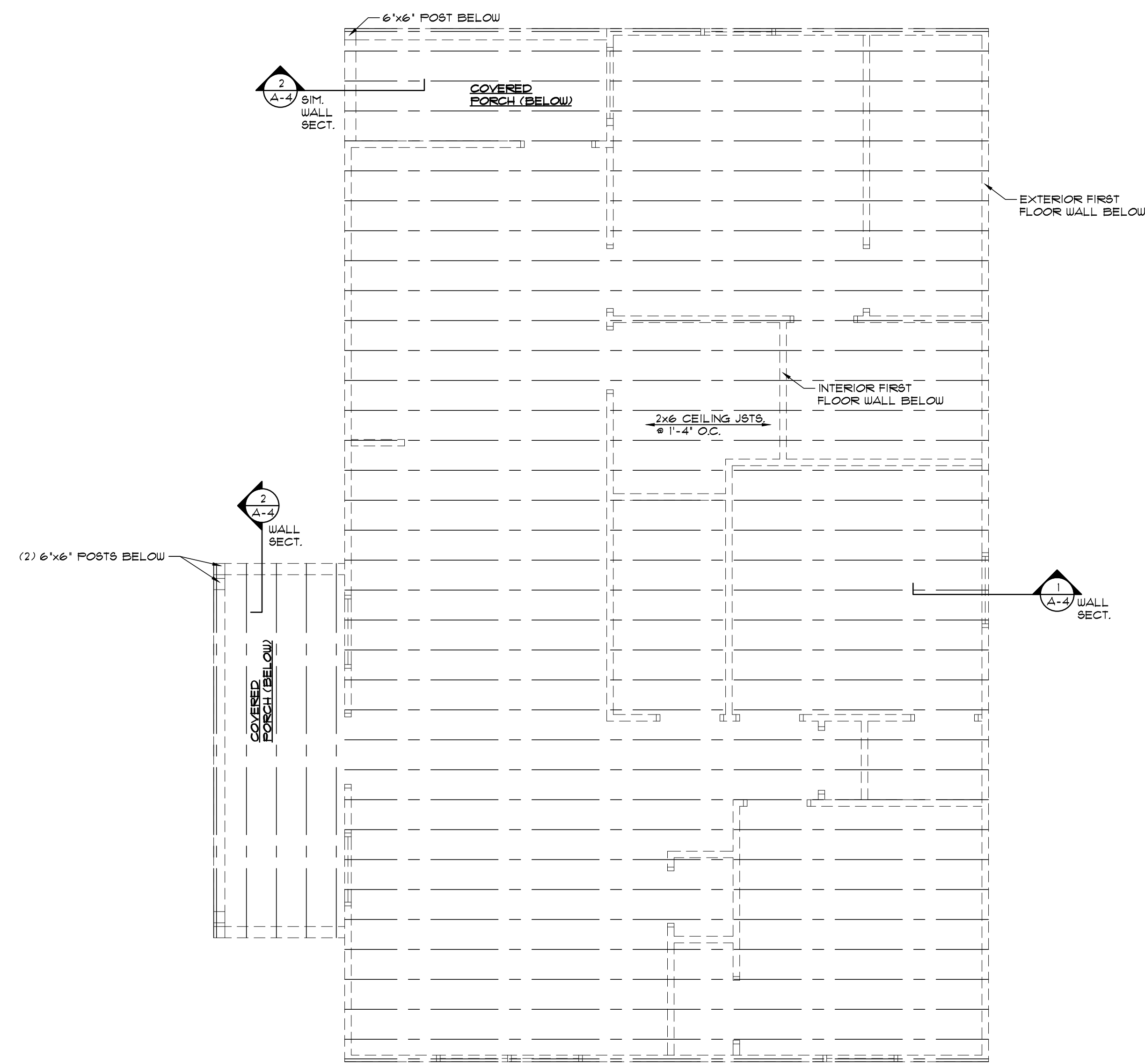
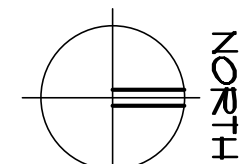
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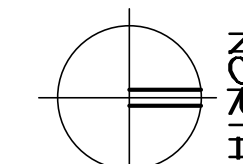
**A-1**  
SHEET NO.



**2**  
A-2 **ROOF PLAN**  
SCALE: 1/4" = 1'-0"



**1**  
A-2 **CEILING FRAMING PLAN**  
SCALE: 1/4" = 1'-0"

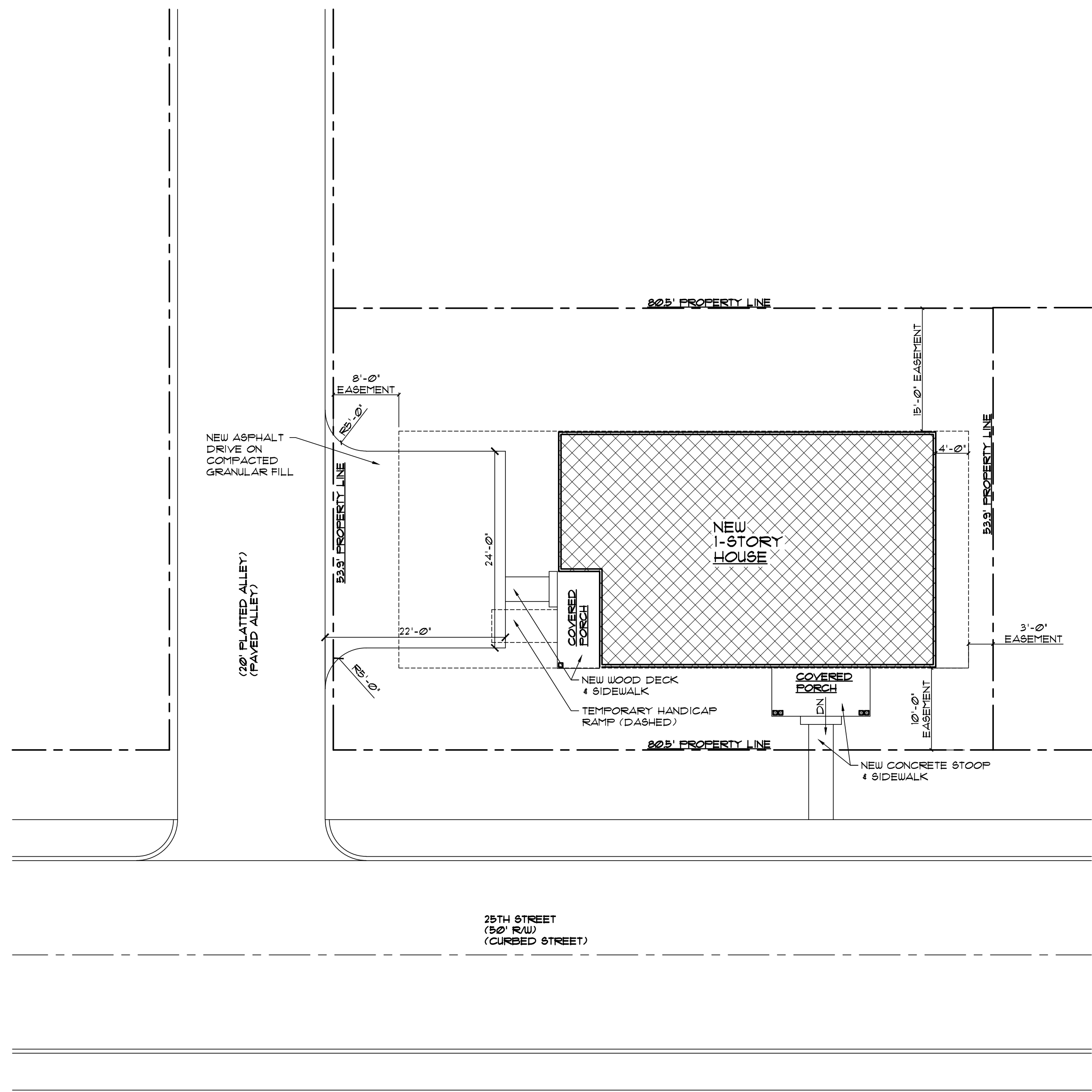


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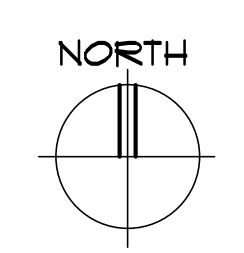
**A-2**  
SHEET NO.



1  
C-1

**SITE DEVELOPMENT PLAN**

SCALE: 1" = 10'-0"



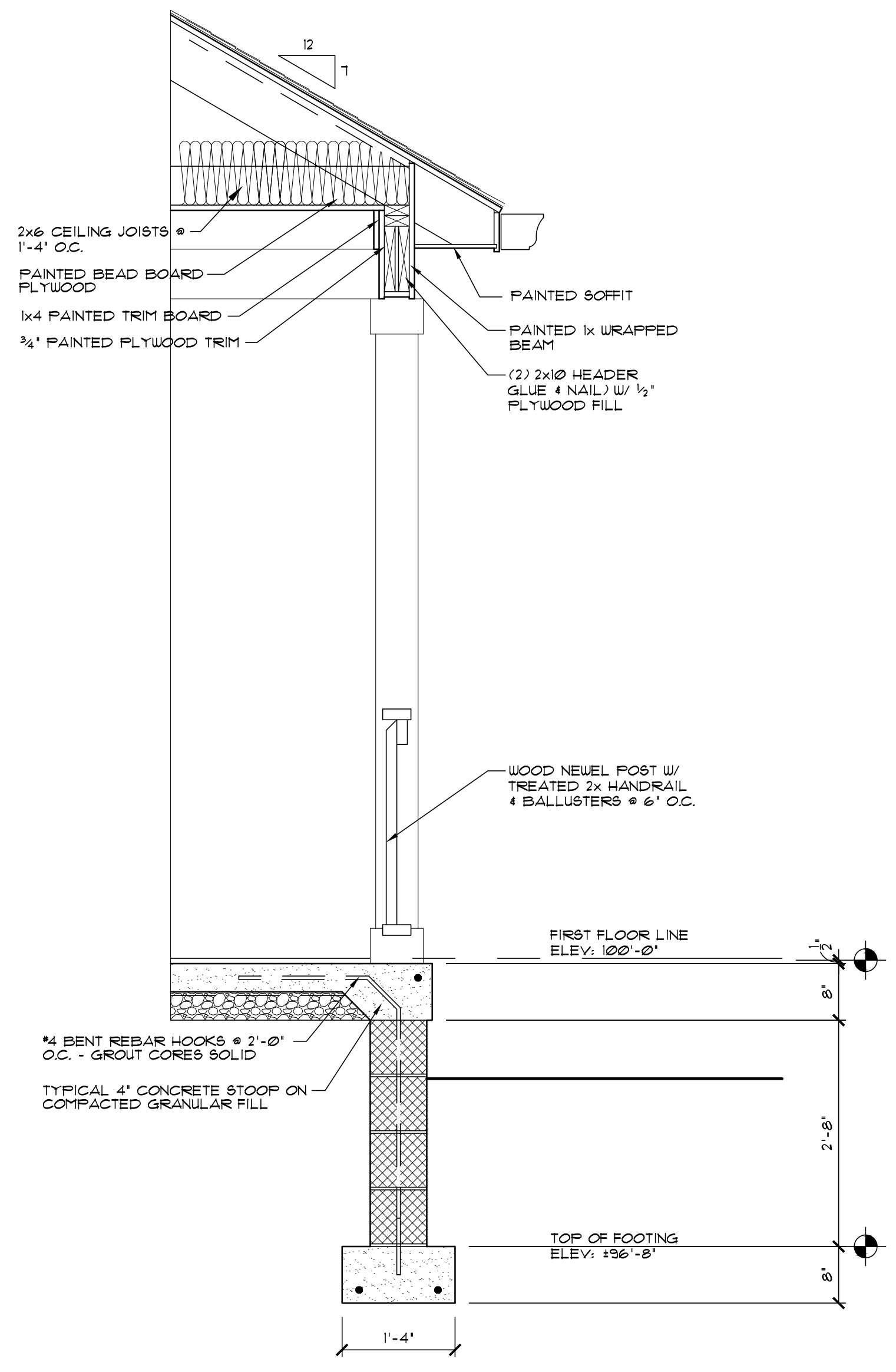
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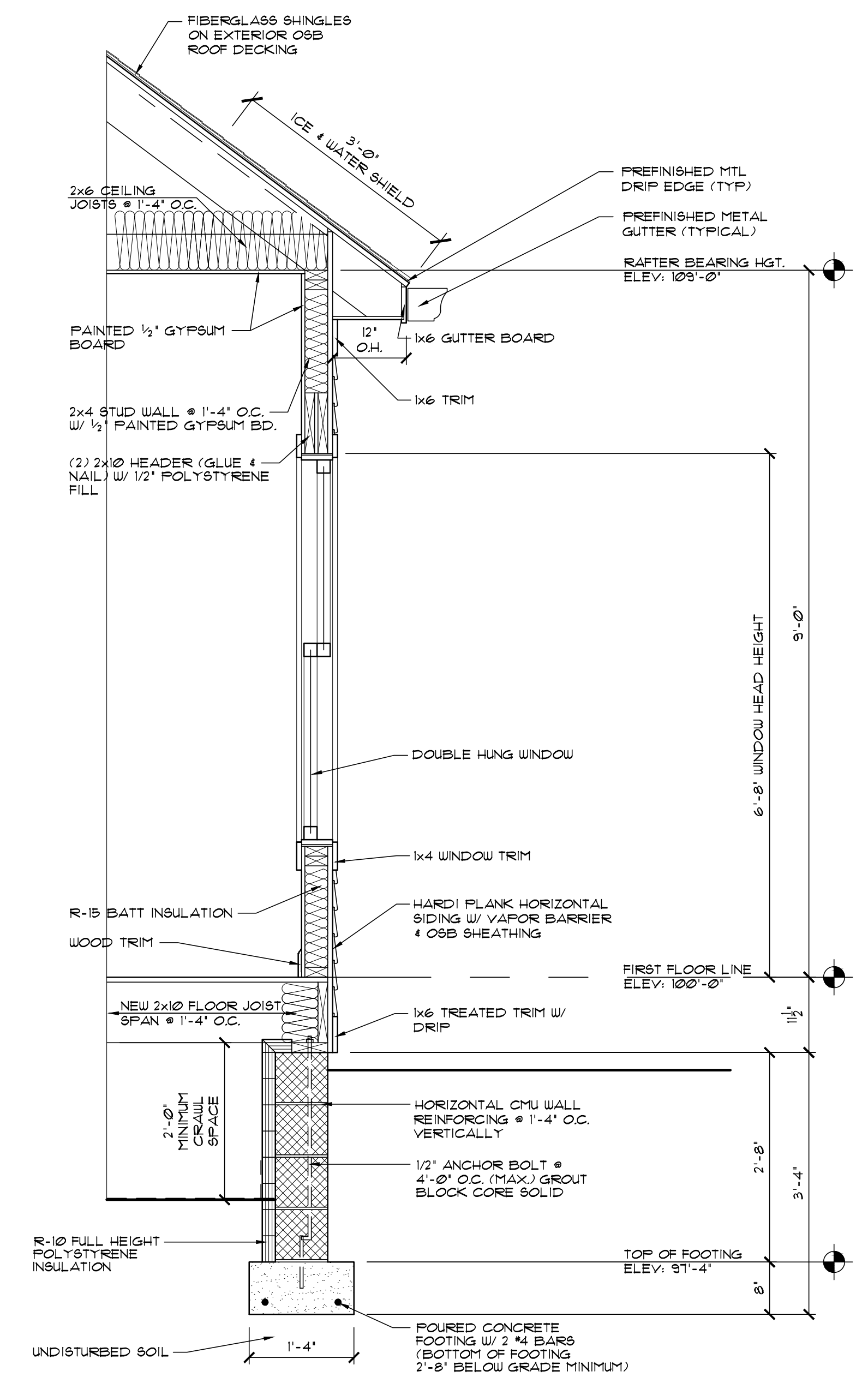
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**C-1**  
SHEET NO.



2 WALL SECTION @ FRONT PORCH  
SCALE: 3/4" = 1'-0"



1 WALL SECTION @ EXTERIOR WALL  
SCALE: 3/4" = 1'-0"

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A-4  
SHEET NO.

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			4X76624	08/18/2024	08/18/2025	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$	
A	AUTOMOBILE LIABILITY			4E76624	08/18/2024	08/18/2025	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS							\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			4J76624	08/06/2024	08/18/2025	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE							\$
	RETENTION \$ 10,000							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			4H76624	08/18/2024	08/18/2025	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> CTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Builders Risk			4X76624	08/18/2024	08/18/2025	Buildings	Per Schedul
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

**CERTIFICATE HOLDER**

**CANCELLATION**

Indianapolis Neighborhood  
Housing Partnership, INC  
Jeff Howe  
3550 Washington Blvd  
Indianapolis, IN 46205

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
Protect All Insurance Agency

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