ZONING VARIANCE FORM



| ADDRESS OF SUBJECT PROPERTY: 228 E 4th Ave |
|--|
| PARCEL IDENTIFICATION NUMBER (PIN): 08-18-131-008 |
| PETITIONER: Archadecus of Chicagoland PETITIONER'S ADDRESS: 395 W Worthwest Highway STEA CITY: Palatine state: IL zip code: (0006) PHONE: 847-490-4333 EMAIL ADDRESS: OSCACCIAB archadecus. net |
| 11. OWNER(S): Bridget Deatrick |
| OWNER'S ADDRESS: 228 E 4th AUC |
| CITY: Warperuille STATE: IL ZIP CODE: (00540) |
| PHONE: 517-763-748 EMAIL ADDRESS: D. Safterman & Yahao: Com |
| RELATIONSHIP TO PETITIONER: CONTRACTOR PHONE: 847 -494 -4333 EMAIL ADDRESS: OSCOCCIO O Orchadech, pet |
| IV.OTHER STAFF |
| NAME: Amanda Alshanshi |
| RELATIONSHIP TO PETITIONER: CONTRACTOR |
| PHONE: 847-496-4333 EMAIL ADDRESS: QQIShansui Qarchadech. net |
| NAME: |
| RELATIONSHIP TO PETITIONER: |
| PHONE:EMAIL ADDRESS: |

ZONING VARIANCE FORM



| V. SUBJECT PROPERTY INFURINATION |
|---|
| ZONING OF PROPERTY: |
| AREA OF PROPERTY (Acres or sq ft): 5.597 Square feet |
| DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed): <u>CUNSTRUCTION</u> OF NEW FRONT PORCH OF THE SAME SIZE |
| as structure that is there. Structure encroaches the |
| Front yard Setback. |
| |
| VI. PETITIONER'S SIGNATURE |
| I, Danielle Scaccia 'etitioner's Printed Name and Title), being duly |
| sworn, declare that I am duly authorized to make this Petition, and the above information, to the |
| best of my knowledge, is true and accurate. |
| Beacia 2.18.2022 |
| (Signature of Petitioner or authorized agent) (Date) |
| |
| SUBSCRIBED AND SWORN TO before me this 18th day of February, 2022 |
| Mellace |
| (Notary Public and Seal) MARK L'ALLEN OFFICIAL SEAL Matery Public, State of Illinois My Commission Expires August 05, 2024 |

ZONING VARIANCE FORM



VII. OWNER'S AUTHORIZATION LETTER

I/we hereby certify that I/we am/are the owner(s) of the above described Subject Property. I/we am/are respectfully requesting processing and approval of the request(s) referenced in this Petition. I/we hereby authorize the Petitioner listed on this Petition to act on my/our behalf during the processing and presentation of this request(s).

| (Signature of 1st Owner or authorized agent) | (Signature of 2 nd Owner or authorized agent) |
|--|---|
| 2/16/2022 (Date) | |
| Bridget Deatrick 1st Owner's Printed Name and Title | Neil Deatrick 2 nd Owner's Printed Name and Title |
| SUBSCRIBED AND SWORN TO before me to the succession of the success | this I UTh day of Tobrucuy, 20 22 |
| CHEYENNE SCACCIA Official Seal Notary Public - State of Illinois My Commission Expires Dec 20, 2023 | |

CITY OF NAPERVILLE PETITIONER/APPLICANT - DISCLOSURE OF BENEFICIARIES

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

| 1. | Petitioner: Vanielle Scace | cia |
|----|--|---|
| | Address: 395 W NOV-thue | |
| | paratine. IL 600 | 0(07 |
| 2. | Nature of Benefit sought: 700100 | variance |
| 3. | Nature of Petitioner (select one): | |
| | Individual | Partnership |
| | Corporation | Joint Venture |
| | Land Trust/Trustee Trust/Trustee | Limited Liability Corporation (LLC) Sole Proprietorship |

- 4. If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics of Petitioner:
- If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):
 - Limited Liability Corporation (LLC): The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
 - Corporation: The name and address of all corporate officers; the name and address of
 every person who owns five percent (5%) or more of any class of stock in the corporation;
 the State of incorporation; the address of the corporation's principal place of business. If
 the State of incorporation is other than Illinois, confirm that the corporation is registered
 with the Illinois Secretary of State's Office to transact business in the State of Illinois.
 - Trust or Land Trust: The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
 - Partnerships: The type of partnership; the name and address of all general and limited partners, identifying those persons who are limited partners and those who are general partners; the address of the partnership's principal office; and, in the case of a limited partnership, the county where the certificate of limited partnership is filed and the filing number.
 - **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
 - Sole Proprietorship: The name and address of the sole proprietor and any assumed name.
 - Other Entities: The name and address of every person having a proprietary interest, an
 interest in profits and losses or the right to control any entity or venture not listed above.

| 0 | | |
|--------|---|---|
| 6. | Name, address and capacity of person making this disclosure on behalf of the Petitioner: | |
| | David Berryhill-Contractor | |
| | -395 W Northwest Huy Ste A palatine, IL 600 | Ó |
| VERI | FICATION | |
| this o | am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the ments contained therein are true in both substance and fact. | |
| Signa | ature: Scacu'a | |
| Subs | cribed and Sworn to before me this 18 th day of February, 20 32. | |
| Notar | y Public and seal | |
| | MARK L ALLEN OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires August 05, 2024 | |

CITY OF NAPERVILLE PROPERTY OWNER - DISCLOSURE OF BENEFICIARIES

In compliance with Title 1 (Administrative), Chapter 12 (Disclosure of Beneficiaries) of the Naperville Municipal Code ("Code"), as amended, the following disclosures are required when any person or entity applies for permits, licenses, approvals, or benefits from the City of Naperville unless they are exempt under 1-12-5:2 of the Code. Failure to provide full and complete disclosure will render any permits, licenses, approvals or benefits voidable by the City.

| 2. | Petitioner | er: Bridget Deatrick | |
|----|------------|--|------------|
| | Address: | 228 E 4th Avenue | |
| | | Naperville, Illinois 60540 | - |
| | į | Market Control of the | www.ac.e.f |

- 7. Nature of Benefit sought: Variance in roofline setback requirement
- 8. Nature of Petitioner (select one):

Partnership
Corporation

Land
Trust/Trustee
Trust/Trustee

Corporation

Dint Venture

Limited Liability
Corporation (LLC)
Trust/Trustee
Sole Proprietorship

- 9. If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics of Petitioner:
- 10. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (or on a separate sheet):
 - Limited Liability Corporation (LLC): The name and address of all members and managing members, as applicable. If the LLC was formed in a State other than Illinois, confirm that it is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
 - Corporation: The name and address of all corporate officers; the name and address of every person who owns five percent (5%) or more of any class of stock in the corporation; the State of incorporation; the address of the corporation's principal place of business. If the State of incorporation is other than Illinois, confirm that the corporation is registered with the Illinois Secretary of State's Office to transact business in the State of Illinois.
 - Trust or Land Trust: The name, address and interest of all persons, firms, corporations or other entities who are the beneficiaries of such trust.
 - Partnerships: The type of partnership; the name and address of all general and limited
 partners, identifying those persons who are limited partners and those who are general
 partners; the address of the partnership's principal office; and, in the case of a limited
 partnership, the county where the certificate of limited partnership is filed and the filing
 number.
 - **Joint Ventures:** The name and address of every member of the joint venture and the nature of the legal vehicle used to create the joint venture.
 - **Sole Proprietorship:** The name and address of the sole proprietor and any assumed name.
 - Other Entities: The name and address of every person having a proprietary interest, an interest in profits and losses or the right to control any entity or venture not listed above.

| 11. | Name, address and capacity of person making this disclosure on behalf of the Petitioner: |
|---------------------|--|
| | |
| VERIF | ICATION |
| that I a this di | idget Deatrick (print name), being first duly sworn under oath, depose and state am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make sclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the tents contained therein are true in both substance and fact. |
| Signat | ure: Bry Datk |
| Subsc | ribed and Sworn to before me this What day of FChnuary, 20 22. Public and seal |
| | CHEYENNE SCACCIA Official Seal lotary Public - State of Illinois |