CITY OF NAPERVILLE

ZONING VARIANCE FORM



ADDRESS OF SUBJECT PROPERTY: 2517 LINDENWOOD LANE				
PARCEL IDENTIFICATION NUMBER (PIN): _02.04.300.002.0000				
		,		
I. PETITIONER: DAM +	PEGGY SIMOS			
PETITIONER'S ADDRESS:	2517 LINDENWOOD LANE	-		
CITY: NAPERVILLE	_STATE: <u> L</u>	_ZIP CODE: <u>60565</u>		
PHONE: 630 · 234 · 5343	_EMAIL ADDRESS: <u>5P5PROF</u>	PERTIES @ SBCGLOBAL NET		
II. OWNER(S): 5AM +	PEGGT SIMOS			
OWNER'S ADDRESS: 2517				
CITY: NAPERVILLE	STATE: L	_ZIP CODE: <u>60565</u>		
PHONE: 630 · 234 · 5343	_EMAIL ADDRESS: 575PR	PERTIES @SBCGLOBAL.NET		
III. PRIMARY CONTACT (rev	iew comments sent to this contact):	PATRICK MAGNER		
RELATIONSHIP TO PETITIONE	R: ARCHITECT	······································		
PHONE: 708.774.9190	EMAIL ADDRESS: P. MAGN	ER@COMCAST. NET		
IV. OTHER STAFF				
NAME:				
RELATIONSHIP TO PETITIONE	R:			
PHONE:	EMAIL ADDRESS:			
NAME:				
RELATIONSHIP TO PETITIONE	R:			
PHONE:	_EMAIL ADDRESS:			

ZONING VARIANCE FORM



v. SUBJECT PROPERTY INFORMATION
ZONING OF PROPERTY: E2
AREA OF PROPERTY (Acres or sq ft): 67,924 50.FT. (1.56 ACRES)
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed): VARIANCE IS REQUESTED FOR RELIEF FROM SECTION 6.2.10(1) IN ORDER TO PERMIT
CONSTRUCTION OF A DETACHED ACCESSORY BUILDING NEARER TO THE LOT LINE ADJOINING
A STREET THAN THE LONGEST DISTANCE BETWEEN SUCH LOT LINE AND THE NEADEST WALL OF THE PRINCIPAL BUILDING. VI. PETITIONER'S SIGNATURE
I, Peggy Simos (Petitioner'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.
(Signature of Petitioner or authorized agent) December 28, 2022 (Date)
SUBSCRIBED AND SWORN TO before me this 28 day of <u>December</u> , 2022
(Notary Public and Seal)
Notery Public State of Florida

ZONING VARIANCE FORM



VII. OWNER'S AUTHORIZATION LETTER

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.

Owner:				
Addre	ss:	2517 Lindenwood Ln		
		Naperville, IL 60565		
Nature of	Benefit	t sought:		
Nature of	Owner	(select one):		
	хx	X Individual	e.	Partnership
	b.	Corporation	f.	Joint Venture
	C.	Land Trust/Trustee	g.	Limited Liability Corporation (LLC)
	d.	Trust/Trustee	h.	Sole Proprietorship
If Owner i Owner:	s an e	ntity other than describe	ed in S	ection 3, briefly state the nature and characteristics of
 5. 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): a. 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. b. 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. c. Trust or Land Trust: The name, address and interest of all persons, firms, corporations of other entities who are the beneficiaries of such trust. d. 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 e. 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. f. Sole Proprietorship: 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. 				
	If Owner is Owner: If your ansin the space of inc. Sec. Tr. ot. d. Papa papa papa papa papa papa papa pap	Address: Nature of Benefit Nature of Owner Axx b. c. d. If Owner is an e Owner: If your answer to in the space provious a. Limited member registere b. Corpora person v of incorp incorpor Secretar c. Trust or other en d. Partners	Address:	Nature of Benefit sought: Nature of Owner (select one): **EXX Individual

6.	Name, address and capacity of person making this disclosure on behalf of the Owner:
VERIF	CATION
that I a disclos	am Simos , Peggy Simos _ (print name), being first duly sworn under oath, depose and state me the person making this disclosure on behalf of the Owner, that I am duly authorized to make this ure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements ded therein are true in both substance and fact.
Signatu	ire: Restamo
Subscr	ibed and Sworn to before me this 19 day of DECEMBER, 20 22.
Notary	Public and seal OFFICIAL SEAL KALYSHA D LACKINGS NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:05/19/23

CITY OF NAPERVILLE 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.

Natur	e of Be	nefit sought: Zoning	VAR	HOITAI
Natur	e of Pe	titioner (select one):		5.4
	a.	Individual	e.	Partnership
	b.	Corporation	f.	Joint Venture
	C.	Land Trust/Trustee	g.	Limited Liability Corporation (LLC)
	d.	Trust/Trustee	h.	Sole Proprietorship

- 5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 11 (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.

6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
	PATRICK J. MAGNER, 919 THATCHER AVE., RIVER FOREST, IL GO305
VERIFI	CATION
1	TATEICE J. MAGNER (print name), being first duly sworn under oath, depose and state
	in 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 ents contained therein are true in both substance and fact.
Signatu	ire: tatient ! Magre
	ibed and Sworn to before me this 2th day of <u>December</u> , 20 <u>22</u> .
Subscri	ibed and Sworn to before me this day of
la	Sworn to before me this 1 day of Securious, 20 02. Public and seal
Netary	Public and seal

JAKUB CHYLA Official Seal Notary Public - State of Illinois My Commission Expires Jan 18, 2026