ZONING VARIANCE FORM



ADDRESS OF SUBJECT PROPERTY: 357 WEST CAPTNER ROAD
PARCEL IDENTIFICATION NUMBER (PIN): 07 - 25 - 211 - 013
w v
I. PETITIONER: JOHN KRUMMEN
PETITIONER'S ADDRESS: 2640 HADDASS AH BRIVE
CITY: 1/APERV:1/= STATE: IL ZIP CODE: 60565
PHONE: 335 7376 EMAIL ADDRESS: JKRUNNEN @ OUTLOOK. CO.
OWNER'S ADDRESS: 2640 HADDASSAH DRIVE
OWNER'S ADDRESS: 2640 HINDDASSAN DRIVE
CITY: NAPERV: 1/E STATE: IL ZIP CODE: 60565
PHONE: 335 73 74 EMAIL ADDRESS: TRUMMEN & OUT LOOK, COM
III. PRIMARY CONTACT (review comments sent to this contact): JOHN KRUMMEN
RELATIONSHIP TO PETITIONER:
PHONE: 335 7376 EMAIL ADDRESS: TKRUMMEN @ OUT LOOK, COM
IV. OTHER STAFF
NAME:
RELATIONSHIP TO PETITIONER:
PHONE:EMAIL ADDRESS:
NAME:
RELATIONSHIP TO PETITIONER:
DUONE EMAIL ADDRESS.



V. SUBJECT PROPERTY INFORMATION ZONING OF PROPERTY: R / A
AREA OF PROPERTY (Acres or sq ft): 11, 082 5G FT
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed): - 9-2: 12.1 PRIVEWAY
IN FRONT SIDE YARD
IN FRONT / STOE TARD
VI.REQUIRED DISCLOSURE DISCLOSE ANY ORDINANCES, COVENANTS, DEED RESTRICTIONS, OR AGREEMENTS
RECORDED AGAINST THE PROPERTY WHICH CURRENTLY APPLY TO OR AFFECT THE
PROPERTY.
 For ordinances, provide only the title(s) of the ordinance and their recording number.
 For mortgages, provide only the name of the current mortgagee and the recording number.
 For all other documents, provide an electronic copy with this Petition with the recording number.
FAILURE TO FULLY COMPLY WITH THIS REQUIRED DISCLOSURE WILL ENTITLE THE CITY TO
REVOKE ONE OR MORE ENTITLEMENTS SOUGHT IN THIS PETITION.

ZONING VARIANCE FORM



VII. PETITIONER'S	SIGNATURE	
I, JOHN KRUM	1MET/	(Petitioner's Printed Name and Title), being dul
sworn, declare that I am du	ly authorized to mak	e this Petition, and the above information, to the
best of my knowledge, is tr	ue and accurate.	
Signature of Petitioner or a	authorized agent)	7-22-2024 (Date)
SUBSCRIBED AND SWOR	RN TO before me th	is <u> </u>
(Nøtary Public and Seal)	Official Seal ROSE CHAN Netary Public, State of Commission No. 978 My Commission Expires Septer	0.7E

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).

processing and presentation of the requestion	''''
Signature of 1 st Owner or authorized agent)	(Signature of 2 nd Owner or authorized agent)
7-22-2024 (Date)	(Date)
TOHN KEVONEN 1st Owner's Printed Name and Title	2 nd Owner's Printed Name and Title
SUBSCRIBED AND SWORN TO before me	this <u>22</u> day of <u>JoLY</u> , 20 <u>2</u> /
(Notary Public and Seal) Official Seal ROSE CHAN Notary Public, State of Illinois Commission No. 978075	

My Commission Expires September 19, 2027

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:	JOHN	KRUN	MEN			_
	Address:	2640	MADDA	55 44	DRIVE		
		NAPERL		IL		565	→ ,
2.	Nature of E	Benefit sought:	ZONINA	VARIA	NCE -	DRIVE	EWAY
3.	Nature of F	Petitioner (selec		D 4			
		(Ind	ividual)	Partr	nership		

Corporation

Joint Venture

Land Trust/Trustee Trust/Trustee Limited Liability Corporation (LLC) Sole Proprietorship

If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics 4. of Petitioner:

- If your answer to Section 3 was anything other than "Individual", please provide the following 5. 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
 - 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.

Exhibit D

6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
√ER	IFICATION
J	OHN KRUnnel (print name), being first duly sworn under oath, depose and sta
hat I	l am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to mal
his	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.
state	ments contained therein are tide in both substance and fact.
.	Jh Know
	ature: M.
Subs	cribed and Sworn to before me this 22 day of 302 , 202 .
	Alm
Vota	fy Public and seal
	Official Seal ROSE CHAN Notary Public, State of Illinois Commission No. 978075

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.	Owner:	JOHN	KRUNIMEN				
_	Address:	2640	HADD	455 AH	DRIVE		
	, 100.000,	NARER			60565		

7. Nature of Benefit sought: 20NING VARIANCE - DRIVE WAY

8. Nature of Owner (select one):

Individual

Partnership

Corporation

Joint Venture

Land Trust/Trustee Trust/Trustee Limited Liability Corporation (LLC) Sole Proprietorship

9. If Owner is an entity other than described in Section 3, briefly state the nature and characteristics of Owner:

- 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.

Name, address and capacity of person	n making this disclosure on behalf of the Owner:
	20
an the person making this disclosure or	nt name), being first duly sworn under oath, depose in behalf of the Owner, that I am duly authorized to regoing Disclosure of Beneficiaries, and that the stand fact.
cribed and Sworn to before me this	2 day of <u>July</u> , 20 24.
	Official Seal HILDA G GODINEZ Notary Public, State of Illinois Commission No. 680479 My Commission Expires September 8, 2027