

PETITION FOR ZONING VARIANCE



ADDRESS OF SUBJECT PROPERTY: 1837 Center Point Circle

PARCEL IDENTIFICATION NUMBER (PIN): 08-06-408-006

I. PETITIONER: Q T Sign, Inc.

PETITIONER'S ADDRESS: 1391 Wright Blvd.

CITY: Schaumburg STATE: IL. ZIP CODE: 60193

PHONE: 847-524-7950 EMAIL ADDRESS: qtsignsrob@gmail.com

II. OWNER(S): Vidyut Patel

OWNER'S ADDRESS: 900 Auburn Lane

CITY: Bartlett STATE: IL. ZIP CODE: 60103

PHONE: 815-483-1024 EMAIL ADDRESS: vidytaa2002@yahoo.com

III. PRIMARY CONTACT (review comments sent to this contact): Rob Freedman/ QT Sign

RELATIONSHIP TO PETITIONER: Sign Contractor

PHONE: 847-524-7950 EMAIL ADDRESS: qtsignsrob@gmail.com

IV. OTHER STAFF

NAME: _____

RELATIONSHIP TO PETITIONER: _____

PHONE: _____ EMAIL ADDRESS: _____

NAME: _____

RELATIONSHIP TO PETITIONER: _____

PHONE: _____ EMAIL ADDRESS: _____

CITY OF NAPERVILLE
PETITION FOR ZONING VARIANCE



Exhibit A

V. SUBJECT PROPERTY INFORMATION

ZONING OF PROPERTY: General Commercial District

AREA OF PROPERTY (Acres or sq ft): 3.33 Acres

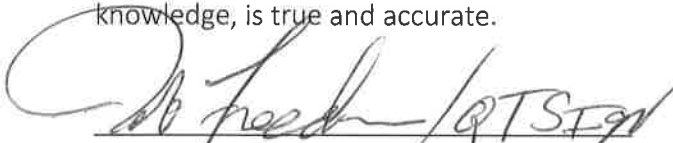
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed):

Variance for new monument sign, per section 6-15-5: 2.2.5.3. Due to the design being trademarked by corporate, the base can not be enlarged.

We are seeking avariance to allow the monument sign to be installed with a smaller base, as to this prop[erty] being a hotel.

VI. PETITIONER'S SIGNATURE

I, Rob Freedman/ QT Sign, Superintendent (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)

10/18/19
(Date)

SUBSCRIBED AND SWORN TO before me this 18th day of OCTOBER, 2019

Nancy Raeside
(Notary Public and Seal)



CITY OF NAPERVILLE
PETITION FOR ZONING VARIANCE



Exhibit A

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).

Jay Patel

(Signature of 1st Owner or authorized agent)

(Signature of 2nd Owner or authorized agent)

10-18-2019

(Date)

(Date)

Jay Patel owner

1st Owner's Printed Name and Title

2nd Owner's Printed Name and Title

SUBSCRIBED AND SWORN TO before me this 18th day of OCTOBER, 2019

Nancy Raeside

(Notary Public and Seal)



**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.

1. Petitioner: Rob Freedman/ QT Sign, Superintendent
 Address: 1391 Wright Blvd.
Schaumburg, m ll. 60193

2. Nature of Benefit sought: Variance for monument sign

3. Nature of Petitioner (select one):

a. Individual	e. Partnership
b ^x . Corporation	f. Joint Venture
c. Land Trust/Trustee	g. Limited Liability Corporation (LLC)
d. Trust/Trustee	h. Sole Proprietorship

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

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.

William Chase, President

1610 WEATHERSFIELD WAY
SCHAMMBURG, IL 60193

6. Name, address and capacity of person making this disclosure on behalf of the Petitioner:

VERIFICATION

I, Rob Freedman/ QT Sign (print name), being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make this disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both substance and fact.

Signature: Rob Freedman / QT SIGN

Subscribed and Sworn to before me this 18th day of OCTOBER, 20 19.

Nancy Raeside
Notary Public and seal

