ZONING VARIANCE FORM



ADDRESS OF SUBJEC	CT PROPERTY: 2300	Flambeau Dr, Naperville, IL
60564 PARCEL IDENTIF	TICATION NUMBER (PIN): 07-01-02-207-024-0000
I. PETITIONER: Richard	Montalbano on behalf of To	uch My Heart NFP
PETITIONER'S ADDRESS	2300 Flambeau Dr	
CITY: Naperville	STATE: IL	ZIP CODE: 60564
PHONE: 708-417-4464	EMAIL ADDRESS:	rick@touchmyheart.gives
II. OWNER(S): Richard 8	& Wendy Montalbano	
OWNER'S ADDRESS: 230	00 Flambeau Dr	
CITY: Naperville	STATE: <u>IL</u>	ZIP CODE: 60564
PHONE: 708-417-4464	EMAIL ADDRESS:	rick@touchmyheart.gives
III. PRIMARY CONTAC	T (review comments sent to the	is contact): Regina OConnor
RELATIONSHIP TO PETIT	IONER: Touch My Heart E	Board Director
PHONE: 630-362-4518	EMAIL ADDRESS:	roconnor1428@gmail.com_
IV.OTHER STAFF		
NAME:		J
RELATIONSHIP TO PETIT	IONER:	
PHONE:	EMAIL ADDRESS:	
NAME:		
RELATIONSHIP TO PETIT	IONER:	
PHONE.	FMAIL ADDRESS:	

ZONING VARIANCE FORM



V. SUBJECT PROPERTY INFORMATION
ZONING OF PROPERTY: R1A
AREA OF PROPERTY (Acres or sq ft): 12500sqf
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed): Naperville Municipal Code 10-4-6
Touch My Heart is a not-for-profit organization serving the special needs community through various initiatives.
One program provides the opportunity to visit/hold/pet therapy chickens housed at the owner's address.
Requesting variance for screening requirement, coop setback and number of hens housed at the site. Please see additional information provided. VI. PETITIONER'S SIGNATURE
I, Richard Montalbano (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) (Date)
SUBSCRIBED AND SWORN TO before me this // day of
(Notary Public and Seal)
OFFICIAL SEAL ANDREW HAAS NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires Sept. 16, 2025

ZONING VARIANCE FORM

(Notary Public and Seal)



VII. OWNER'S AUTHORIZATION LETTER

r(s) of the above described Subject Property. I/we
approval of the request(s) referenced in this Petition.
n this Petition to act on my/our behalf during the
Signature of 2 nd Owner or authorized agent)
H/11/23 (Date)
Wendy Montalbano 2 nd Owner's Printed Name and Title
nis \underline{II} day of \underline{April} , $20\underline{a3}$

OFFICIAL SEAL ANDREW HAAS NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires Sept. 16, 2025

CITY OF NAPERVILLE DISCLOSURE OF BENEFICIARIES

Petitioner: Richard Montalbano

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.

	Address: 23	dress: 2300 Flambeau Dr, Naperville, IL 60564					
2.	Nature of Be	nefit sought: Variance	from N	Municipal Code 10-4-6			
3.	Nature of Pe	titioner (select one):					
	X a.	Individual	e.	Partnership			
	b.	Corporation	f.	Joint Venture			
	C.	Land Trust/Trustee	g.	Limited Liability Corporation (LLC)			
	d.	Trust/Trustee	h.	Sole Proprietorship			
4.	If Petitioner is	•	scribed	in Section 3, briefly state the nature and characteristics			

- 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.

i.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
	FICATION hard Montalbano (print name), being first duly sworn under oath, depose and
at I	(print name), being first duly sworn under oath, depose and am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to lisclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and the nents contained therein are true in both substance and fact.
-	cribed and Sworn to before me this day of, 20
	Marine Bosson y Public and seal
	OFFICIAL SEAL ANDREW HAAS NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires Sept. 16, 2025