

# CITY OF NAPERVILLE PETITION FOR DEVELOPMENT APPROVAL

DEVELOPMENT NAME (should be consistent with plat): Naperville Crossing - Building 7

ADDRESS OF SUBJECT PROPERTY: 2736 Showplace Dr.

PARCEL IDENTIFICATION NUMBER (P.I.N.) 107-01-04-410-071-0000

I. PETITIONER: Naperville Crossing Station LLC

PETITIONER'S ADDRESS: 11501 Northlake Drive

CITY: Cincinnati STATE: OH ZIP CODE: 45249

PHONE: 513-619-5032 EMAIL ADDRESS: \_\_\_\_\_

II. OWNER(S): "Same as Petitioner"

OWNER'S ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

III. PRIMARY CONTACT (review comments sent to this contact): Dustin Pierce

RELATIONSHIP TO PETITIONER: Construction Project Manager for Petitioner

PHONE: 513-619-5032 EMAIL ADDRESS: dpierce@phillips.edison.com

## IV. OTHER STAFF

NAME: \_\_\_\_\_

RELATIONSHIP TO PETITIONER: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP TO PETITIONER: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**V. PROPOSED DEVELOPMENT**

(check applicable and provide responses to corresponding exhibits on separate sheet)

- |   |   |
|---|---|
| <input type="checkbox"/> Amending or Granting a Conditional Use (Exhibit 1)*                    | <input type="checkbox"/> Landscape Variance (Exhibit 5)                 |
| <input checked="" type="checkbox"/> Amending or Granting a Planned Unit Development (Exhibit 2) | <input type="checkbox"/> Planned Unit Development Deviation (Exhibit 6) |
| <input type="checkbox"/> Annexation (Exhibit 3)   | <input type="checkbox"/> Sign Variance (Exhibit 7)                      |
| <input type="checkbox"/> Plat of Easement/Vacation/Dedication                                   | <input type="checkbox"/> Zoning Variance (Exhibit 7)                    |
| <input type="checkbox"/> Rezoning (Exhibit 4)   | <input type="checkbox"/> Platted Setback Deviation (Exhibit 8)          |
| <input type="checkbox"/> Subdivision Plat   | <input type="checkbox"/> Subdivision Deviation/Waiver (Exhibit 8)       |
| <input type="checkbox"/> Temporary Use  | <input type="checkbox"/> Other (Please Specify: _____)                  |

*\*When requesting approval of a Small Wind and/or a Solar Renewable Energy System complete Exhibit 9 instead of Exhibit 1.*

ACREAGE OF PROPERTY: 9.55

DESCRIPTION OF PROPOSAL/USE (use a separate sheet if necessary)

Requesting the required minor change to the building 7 pad  
of the Naperville Crossings PUD & final engineering approval  
for a single story outparcel building

**VI. REQUIRED SCHOOL AND PARK DONATIONS (RESIDENTIAL DEVELOPMENT ONLY)**

(per Section 7-3-5: Dedication of Park Lands and School Sites or for Payments or Fees in Lieu of)

Required School Donation will be met by:

- Cash Donation (paid prior to plat recordation)
- Cash Donation (paid per permit basis prior to issuance of each building permit)
- Land Dedication

Required Park Donation will be met by:

- Cash Donation (paid prior to plat recordation)
- Cash Donation (paid per permit basis prior to issuance of each building permit)
- Land Dedication

**PETITIONER'S SIGNATURE**

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I, Dustin Pierce as agent of Petitioner (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.

Dustin Pierce

(Signature of Petitioner or authorized agent)

9/23/19

(Date)

SUBSCRIBED AND SWORN TO before me this 23 day of Sept., 2019

Cassie Wite

(Notary Public and Seal)



**OWNER'S AUTHORIZATION LETTER<sup>1</sup>**

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]  
(Signature of 1<sup>st</sup> Owner or authorized agent)

\_\_\_\_\_  
(Signature of 2<sup>nd</sup> Owner or authorized agent)

9/23/19  
(Date)

\_\_\_\_\_  
(Date)

Robert F. Meyers - Senior Vice President  
1<sup>st</sup> Owner's Printed Name and Title

\_\_\_\_\_  
2<sup>nd</sup> Owner Printed Name and Title

SUBSCRIBED AND SWORN TO before me this 23 day of Sept., 2019

[Signature]  
(Notary Public and Seal)



<sup>1</sup> Please include additional pages if there are more than two owners.

**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: Naperville Crossings Station, LLC  
       Address: 11501 Northlake Dr.  
               Cincinnati, OH 45249
  
2.     Nature of Benefit sought: New building construction approval
  
3.     Nature of Petitioner (select one):
  - a.    Individual
  - b.    Corporation
  - c.    Land Trust/Trustee
  - d.    Trust/Trustee
  - e.    Partnership
  - f.    Joint Venture
  - g.    Limited Liability Corporation (LLC)
  - 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 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.

Phillips Edison Grocery Center Operating Partnership I, L.P.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Dustin Pierce - Senior Construction Project Manager  
11501 Northlake Dr., Cincinnati, OH 45249

**VERIFICATION**

I, Dustin Pierce (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: Dustin Pierce

Subscribed and Sworn to before me this 23 day of Sept., 20 19.

Cassie Wietmarschen  
Notary Public and seal



07349793

Form **LLC-45.5**

May 2018

Secretary of State  
Department of Business Services  
Limited Liability Division  
601 S. Second St., Rm. 351  
Springfield, IL 62756  
217-524-8008  
www.cyberdriveillinois.com

Illinois  
Limited Liability Company Act  
Application for Admission to  
Transact Business

SUBMIT IN DUPLICATE

Type or print clearly.

FILE #

This space for use by Secretary of State.

**FILED**

MAR 14 2019

JESSE WHITE  
SECRETARY OF STATE

Payment must be made by certified check, cashier's check, Illinois attorney's check, C.R.A.'s check or money order payable to Secretary of State. If check is returned for any reason this filing will be void.

Filing Fee: \$150

Penalty: \$

Approved: *nh*

1. Limited Liability Company name (see Note 1): Naperville Crossings Station LLC

2. Assumed name: \_\_\_\_\_  
(This item is only applicable if the company name in Item 1 is not available for use in Illinois, in which case form LLC 1.20 must be completed and submitted with this application.)

3. Jurisdiction of organization: Delaware

4. Date of organization: 3/12/2019

5. Period of duration: perpetual  
(Enter perpetual unless there is a date of dissolution provided in the agreement, in which case enter that date.)

6. Address of the principal place of business: (P.O. Box alone or c/o is unacceptable.)

11501 Northlake Drive  
Number Street Suite #

Cincinnati, Ohio 45249  
City State ZIP

7. Registered agent: C T Corporation System  
First Name Middle Name Last Name

Registered office: 208 South LaSalle Street, Suite 814  
(P.O. Box alone or c/o is unacceptable.) Number Street Suite #

Chicago, IL 60604  
City ZIP

Note: The registered agent must reside in Illinois. If the agent is a business entity, it must be authorized to act as agent in this state.

8. If applicable, date on which company first conducted business in Illinois: \_\_\_\_\_

(continued on back)

**LLC-45.5**

9. Purpose(s) for which the company is organized and proposes to conduct business in Illinois (see Note 2):  
Real estate ownership, management and related activities

10. The Limited Liability Company: (check one)

is managed by the manager(s) or  has management vested in the member(s):

11. List names and business addresses of all managers and any member with the authority of manager:

Phillips Edison Grocery Center Operating Partnership I, L.P., 11501 Northlake Drive, Cincinnati, OH 45249

12. The Illinois Secretary of State is hereby appointed the agent of the Limited Liability Company for service of process under circumstances set forth in subsection (b) of Section 1-50 of the Illinois Limited Liability Company Act.

13. This application is accompanied by a Certificate of Good Standing or Existence, duly authenticated within the last 60 days, by the officer of the state or country wherein the LLC is formed.

14. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for admission to transact business is to the best of my knowledge and belief, true, correct and complete.

Dated: 3/13/2019  
Month, Day, Year

  
Signature

Robert F. Myers, Senior Vice President  
Name and Title (type or print)

Phillips Edison Grocery Center Operating Partnership I, L.P.  
By: Phillips Edison Grocery Center OP GP I LLC

If applicant is signing for a company or other entity,  
state name of company or entity.

Note 1: The name must contain the term Limited Liability Company, LLC or L.L.C. The name cannot contain any of the following terms: "Corporation," "Corp.," "Incorporated," "Inc.," "Ltd.," "Co.," "Limited Partnership" or "LP." However, a limited liability company that will provide services licensed by the Illinois Department of Financial and Professional Regulation must instead contain the term Professional Limited Liability Company, PLLC or P.L.L.C. in the name.

Note 2: A professional limited liability company must state the specific professional service or related professional services to be rendered by the professional limited liability company.





## OFFICE OF THE SECRETARY OF STATE

JESSE WHITE • Secretary of State

MARCH 14, 2019

.0734979-3

**C T CORPORATION SYSTEM  
208 SO LASALLE ST, SUITE 814  
CHICAGO, IL 60604-1101**

**RE NAPERVILLE CROSSINGS STATION LLC**

**DEAR SIR OR MADAM:**

**IT HAS BEEN OUR PLEASURE TO APPROVE YOUR REQUEST TO TRANSACT BUSINESS IN THE STATE OF ILLINOIS. WE EXTEND OUR BEST WISHES FOR SUCCESS WITH YOUR BUSINESS HERE.**

**PLEASE NOTE! THE LIMITED LIABILITY COMPANY MUST FILE AN ANNUAL REPORT PRIOR TO THE FIRST DAY OF THIS MONTH OF ADMISSION NEXT YEAR. FAILURE TO TIMELY FILE MAY RESULT IN A PENALTY AND REVOCATION. A PRE-PRINTED ANNUAL REPORT WILL BE MAILED TO THE REGISTERED AGENT AT THE REGISTERED OFFICE ADDRESS APPROXIMATELY 45 DAYS BEFORE THE DUE DATE.**

**A LIMITED LIABILITY COMPANY THAT INTENDS TO PROVIDE A PROFESSIONAL SERVICE REGULATED BY THE ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION MUST REGISTER WITH THAT AGENCY.**

**PUBLICATIONS/FORMS AND OTHER SERVICES ARE AVAILABLE ON OUR WEBSITE. VISIT [WWW.CYBERDRIVEILLINOIS.COM](http://WWW.CYBERDRIVEILLINOIS.COM) TO VIEW THE STATUS OF THIS COMPANY, PURCHASE A CERTIFICATE OF GOOD STANDING, OR EVEN FILE THE ANNUAL REPORT REFERRED TO IN THE EARLIER PARAGRAPH.**

**SINCERELY YOURS,**

**JESSE WHITE  
ILLINOIS SECRETARY OF STATE  
DEPARTMENT OF BUSINESS SERVICES  
LIMITED LIABILITY DIVISION  
(217) 524-8008**