

ZONING VARIANCE FORM



ADDRESS OF SUBJECT PROPERTY: 1355 E. Ogden Ave

PARCEL IDENTIFICATION NUMBER (PIN): 0808101015 0000

I. PETITIONER: ~~Ryan Menard~~ Brad Williams, Director of Development Management

PETITIONER'S ADDRESS: 111 Monument Cir, Suite 1600

CITY: Indianapolis STATE: Indiana ZIP CODE: 46204

PHONE: 317.853.5422 EMAIL ADDRESS: rmenard@thompsonthrift.com

II. OWNER(S): Ogden Ave Naperville IL, LLC

OWNER'S ADDRESS: 901 Wabash Ave, Suite 300

CITY: Terre Haute STATE: Indiana ZIP CODE: 47847

PHONE: EMAIL ADDRESS:

III. PRIMARY CONTACT (review comments sent to this contact): Brad Williams

RELATIONSHIP TO PETITIONER: Colleague

PHONE: 317.671.7223 EMAIL ADDRESS: bwilliams@thompsonthrift.com

IV. OTHER STAFF

NAME:

RELATIONSHIP TO PETITIONER:

PHONE: EMAIL ADDRESS:

NAME:

RELATIONSHIP TO PETITIONER:

PHONE: EMAIL ADDRESS:



V. SUBJECT PROPERTY INFORMATION

ZONING OF PROPERTY: B3 General Commercial District

AREA OF PROPERTY (Acres or sq ft): 54279

DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed): Petitioner is seeking a parking variance for the 10,093sf multitenant building to allow for one 4,593sf restaurant and two medical/dental uses. The subject property has provided 68 parking spaces. Per section 6-9-3 of the Code of Ordinances, Petitioner is required to provide 73 parking spaces, a variance of 5 spaces from what is provided. Additional information is contained in the attached Parking Study.

VI. PETITIONER'S SIGNATURE

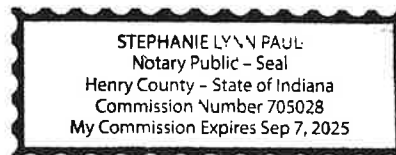
I, Brad Williams Director of Development Mgmt (Petitioner's Printed Name and Title), being duly sworn, declare that I am duly authorized to make this Petition, and the above information, to the best of my knowledge, is true and accurate.

Brad Williams
(Signature of Petitioner or authorized agent)

10/5/21
(Date)

SUBSCRIBED AND SWORN TO before me this 5 day of October, 2021

Stephanie Lynn Paul
(Notary Public and Seal)



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).

[Handwritten signature]

(Signature of 1st Owner or authorized agent)

(Signature of 2nd Owner or authorized agent)

10/4/2021

(Date)

(Date)

Paul Thrift, Manager

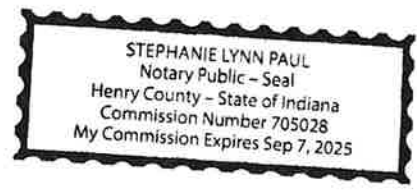
1st Owner's Printed Name and Title

2nd Owner's Printed Name and Title

SUBSCRIBED AND SWORN TO before me this 4 day of October, 2021

Stephanie Lynn Paul

(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: Brad Williams, Director of Development Management
Address: 111 Monument Circle, Suite 1500
Indianapolis, IN 46204

2. Nature of Benefit sought: Parking Variance (five spaces)

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 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.

TTBM Partners, LLC - 901 Wabash Ave, Suite 300, Terre Haute, IN 47807

MARS TT Naperville, LLC - 401 N. Michigan Ave, 11th Floor, Chicago, IL 60611

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

Brad Williams, Director of Development Management

111 Monument Cir, Suite 1500, Indianapolis, IN 46204

VERIFICATION

I, Brad Williams (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: *Brad Williams*

Subscribed and Sworn to before me this 27 day of October, 2021.

Stephanie Lynn Paul
Notary Public and seal



CITY OF NAPERVILLE
DISCLOSURE OF BENEFICIARIES

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1. Owner : Paul Thrift, manager
Address: 901 Wabash Ave, Suite 300
Terre Haute, IN 47807

2. Nature of Benefit sought: Parking Variance (five spaces)

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 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.

TTBM Partners, LLC - 901 Wabash Avenue, Suite 300, Terre Haute, IN 47807

MARS TT Naperville, LLC - 401 N. Michigan Ave., 11th Floor, Chicago, IL 60611

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

Paul M. Thrift, Manager

901 Wabash Avenue, Suite 300, Terre Haute, Indiana 47807

VERIFICATION

I, Paul M. Thrift, Manager (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: 

Subscribed and Sworn to before me this 06 day of October, 2021.


Notary Public and seal

