CITY OF NAPERVILLE

ZONING VARIANCE FORM



ADDRESS OF SUBJECT	PROPERTY: 337 N SIA	eight St
PARCEL IDENTIFICATION	N NUMBER (PIN): 08	-18-136-016-0000
I. PETITIONER: Lisa Corone PETITIONER'S ADDRESS: 6	I 05 E 4th Ave STATE:IL	ZIP CODE: _60540
II. OWNER(S): Lisa Coronel OWNER'S ADDRESS		
OWNER'S ADDRESS: 605 E 4	1th Ave	
CITY: Naperville	STATE: <u> L</u>	ZIP CODE: _60540
N- 200 - 0-09-200 - 0-00-2	EMAIL ADDRESS: _	
III. PRIMARY CONTACT (re	eview comments sent to this co	ontact): Lisa Coronel
RELATIONSHIP TO PETITION	IER: Self	
PHONE:_	EMAIL ADDRESS: _	
IV. OTHER STAFF		
NAME:		
RELATIONSHIP TO PETITION	IER:	
NAME:		
PHONE:	EMAIL ADDRESS:	

ZONING VARIANCE FORM



V. SUBJECT PROPERTY INFORMATION
ZONING OF PROPERTY: SE & LOW DENSITY ME DISTRICT (R2)
AREA OF PROPERTY (Acres or sq ft): _8,092
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code attached additional pages if needed):
We are proposing to lift and push back the existing summer kitchen in order to create a detached garage underneath it. We are requesting a variance to Section 6-2-10:3 to permit a 22 foot high detached garage/summer kitchen that exceeds the maximum detached accessory structure height of 18 feet.
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.
Lot 2 of Roxane Nigro's re-subdivision, recorded as our 95–57595 previously in block 2 in Ellsworth and sons addition
To Naperville in the north west corner of section 18, Township 38 North, range 10 east of the third principal Meridian in
DuPage County Illinois

ZONING VARIANCE FORM



VII. PETITIC	NER'S SIGNATURE	
I, Lisa Coronel sworn, declare that		_(Petitioner's Printed Name and Title), being duly e this Petition, and the above information, to the
(Signature of Petitic	oner or authorized agent)	9 22 25 (Date)
SUBSCRIBED AND SUBSCRIBED AND (Notary Public and	Sanchez	s 22nd day of <u>September</u> , 2025
	Official Seal VANESSA SANCHEZ Notary Public, State of Illinois Commission No. 1013817 My Commission Expires July 17, 2029	

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).

(Signature of 1 st Owner or authorized agent)	(Signature of 2 nd Owner or authorized agent)
(Date)	(Date)
Lisa Coronel 1st Owner's Printed Name and Title	2 nd Owner's Printed Name and Title
SUBSCRIBED AND SWORN TO before me (Notary Public and Seal)	this 22nd day of September, 2025
Official Seal VANESSA SANCHEZ Notary Public, State of Illinois Commission No. 1013817	7

My Commission Expires July 17, 2029

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: Lisa Cor	onel		
	Address: 605 E 4th	Ave		
	_Naperville	L 60540		
2.	Nature of Benefit so	ought: Moving and lifting ex	sting structure	
3.	Nature of Petitioner	(select one):		
		Individual	Partnership	
		Corporation	Joint Venture	
		Land Trust/Trustee Trust/Trustee	Limited Liability Corporation (LLC) Sole Proprietorship	
4.	If Petitioner is an er of Petitioner:	ntity other than described ir	Section 3, briefly state the nature and chara	cteristic

- 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, a	ddress and capacity of person making this disclosure on behalf of the Petitioner:
RIFICATION	
s disclosure,	(print name), being first duly sworn under oath, depose and starson making this disclosure on behalf of the Petitioner, that I am duly authorized to mathat I have read the above and foregoing Disclosure of Beneficiaries, and that trained therein are true in both substance and fact.
nature:	Ana Course
bscribed and	Sworn to before me this 22nd day of September, 20 25.
Vanes	isa Sanchez
otary Public ar	nd seal
	Official Seal VANESSA SANCHEZ Notary Public, State of Illinois Commission No. 1013817 My Commission Expires July 17, 2029

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.

۷.	Owner: Lisa Colonel		
	Address: 605 E 4th Ave		
	Naperville, IL 6	0540	
7.	Nature of Benefit sought: _Moving and lifting existing structure		
8.	Nature of Owner (sete		
		Individual	Partnership
		Corporation	Joint Venture
		Land Trust/Trustee Trust/Trustee	Limited Liability Corporation (LLC) Sole Proprietorship
9.	If Owner is an entity of of Owner:	ther than described in Sectio	n 3, briefly state the nature and characteristics

- 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):
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 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.

Exhibit D

11.	Name, address and capacity of person making this disclosure on behalf of the Owner:	
VERI	FICATION	
	(print name), being first duly sworn under oath, depose and sam the person making this disclosure on behalf of the Owner, that I am duly authorized to make sure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the statem ined therein are true in both substance and fact.	
Signa	ature:	
Subs	scribed and Sworn to before me this day of, 20	
Nota	ry Public and seal	