CITY OF NAPERVILLE

PETITION FOR ZONING VARIANCE



ADDRESS OF SUBJECT PROPERTY: 135 Water Street
PARCEL IDENTIFICATION NUMBER (PIN): 07-13-440-007
1. PETITIONER: Omega Sign & Lighting Inc
PETITIONER'S ADDRESS: 100 W FAY
CITY: Add ison STATE: IL ZIP CODE: 60101
PHONE: (630) 237 4397 EMAIL ADDRESS: <u>Carmela e omegas ignichicago</u> com
11. OWNER(S): Water Street Property Owner LLC
OWNER'S ADDRESS: 135 Water Street
CITY: Naperville STATE: IL ZIP CODE: 60540
PHONE: (630) 320 - 055 EMAIL ADDRESS: Jounninghame margnet. Com
111. PRIMARY CONTACT (review comments sent to this contact):
RELATIONSHIP TO PETITIONER: Presiden+
PHONE: (630) 237 4397 EMAIL ADDRESS: Carmelae omegasignehicago con
IV. OTHER STAFF
NAME: Corinne Kacprzak
RELATIONSHIP TO PETITIONER: Permit Procurerung Other
PHONE: (030) 237. 4397 EMAIL ADDRESS: Cornance omegas ignchicago. com
NAME:
RELATIONSHIP TO PETITIONER:
DUONE. EMAIL ADDRESS.

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V. SUBJECT PROPERTY INFORMATION
ZONING OF PROPERTY: BY- Downtown Core District
AREA OF PROPERTY (Acres or sq ft): 28,105 to include all parcels involved.
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional
would like to increase the sign to fit proportionally
on the sign facade to identify the Shopping Center
however sign code 3.5 & 3.5.1 pnly allows 32 square feet
however sign code 3.5 & 3.5.1 only allows 32 square feet and we are proposing 92.1 square foot please see attach variance
VI. PETITIONER'S SIGNATURE
1, <u>Carmela Menna</u> (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.
11/18/19
(Signature of Petitioner or authorized agent) (Date)
SUBSERIBED AND FOND BEATO before me this 8 day of 11, 20 10 1 CORINNE KACPRZAK NOTARY PUBLIC - STATE CF ILLINOIS MY COMMISSION EXPIRES: 61/16/21
(Notary Public and Seal)

Lett.

PETITION FOR ZONING VARIANCE



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 1st Owner or authorized agent)	(Signature of 2 nd Owner or authorized agent
01/23/2020	
(Date)	(Date)
James J. Cunningham/Chief Operating Officer	
1 st Owner's Printed Name and Title	2 nd Owner's Printed Name and Title
SUBSCRIBED AND SWORN TO before me this	23 rd day of January, 2020
IWONA WYMYSLOWSKI Official Seal Notary Public - State of Illinois	

CITY OF NAPERVILLE DISCLOSURE OF BENEFICIARIES

Omena Con elidables Trac

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.

Natu		addison, FL		ize of allowable channel letters.	
	ture of Petitioner (select one):				
	a.	Individual	e,	Partnership	
	b .	Corporation	f.	Joint Venture	
	C.	Land Trust/Trustee	' a	Limited Liability Corporation (LLC)	
	d.	Trust/Trustee	h.	Sole Proprietorship	

- 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.

	Chega Sign & Lighting Inc 100 W Pay Addison Ic 6010
	15 a corporation. Carmela Menna, President
	owns 100% of the stock
6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:
	Carmela Menna - 100 W Fay Addism, Fe 60101
	President of the sign contractor company assisting customer on their behalf.
VERIFI	ICATION
ı, <u>Co</u>	wmela Menna (print name), being first duly sworn under oath, depose and state
that I a	m the person making this disclosure on behalf of the Petitioner, that I am duly authorized to make sclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that the
	ents contained therein are true in both substance and fact.
Signatu	ure:
Subscr	ribed and Sworn to before me this 18 day of NOU, 20 19
loc	enne Kacpyal
Notary	Public and seal
	OFFICIAL SEAL CORINNE KACPRZAK NOTARY PUBLIC - STATE OF ILL!NOIS MY COMMISSION EXPIRES:61/16/21