

**CITY OF NAPERVILLE
APPLICATION FOR A ZONING VARIANCE**

ADDRESS OF SUBJECT PROPERTY: 2816 Rolling Meadows St.

PARCEL IDENTIFICATION NUMBER (PIN) 01-02-411-048

APPLICANT'S NAME: David Garza

APPLICANT'S ADDRESS: 2816 Rolling Meadows St

CITY: Naperville STATE: IL ZIP CODE: 60564

APPLICANT'S DAYTIME PHONE: 773-320-9264

E-MAIL ADDRESS: dgarza1@hotmail.com

OWNER OF PROPERTY: David Garza

OWNER'S ADDRESS: 2816 Rolling Meadows St.

CITY: Naperville STATE: IL ZIP CODE: 60564

OWNER'S DAYTIME PHONE: 773-320-9264

ZONING OF PROPERTY: R2 PUD

AREA OF PROPERTY (Acres or sq ft): 8,680 sq ft.

List Improvements on property (buildings, fences, pools, decks, etc.)
House, Astio, Fence

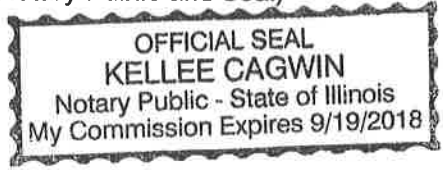
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed):
Municipal Code 6-2-12: Requesting a variance requiring a 15' set back for 6' privacy fence to 0' set back

The above information, to the best of my knowledge, is true and accurate:

[Signature] _____ 7-11-17
(signature of applicant) (date)

SUBSCRIBED AND SWORN TO before me this 11th day of July, 2017

[Signature]
(Notary Public and Seal)



**CITY OF NAPERVILLE
DISCLOSURE OF BENEFICIARIES**

In compliance with Ordinance 85-193, An Ordinance amending Title 1 (Administrative) of the Naperville Municipal Code, as amended, by adding Chapter 12 thereto requiring disclosure of certain interests by persons applying for permits, licenses, approvals or benefits from the City of Naperville.

1. Applicant: David Garza

Address: 2816 Rolling Meadows Dr
Naperville, IL 60564

2. Nature of Benefit sought: Variance

3. Nature of Applicant (Please check one):

- | | | | |
|------------------------|-------------------------------------|------------------|--------------------------|
| a. Natural Person | <input checked="" type="checkbox"/> | d. Trust/Trustee | <input type="checkbox"/> |
| b. Corporation | <input type="checkbox"/> | e. Partnership | <input type="checkbox"/> |
| c. Land Trust/ Trustee | <input type="checkbox"/> | f. Joint Venture | <input type="checkbox"/> |

4. If applicant is an entity other than described in Section 3, briefly state the nature and characteristics of applicant:

5. If in your answer to Section 3 you checked box b, c, d, e or f, identify by name and address each person or entity which is a 5% shareholder in the case of a corporation, a beneficiary in the case of a trust or land trust, a joint venture in the case of case of a joint venture, or who otherwise has a proprietary interest, interest in profits and losses or right to control such entity:

- a. _____
- b. _____
- c. _____
- d. _____

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

IMPORTANT NOTE: In the event your answer to Section 5 identifies entities other than a natural person, additional disclosures are required for each entity.

VERIFICATION

I, David Garza, being first duly sworn under oath, depose and state that I am the person making this disclosure on behalf of the applicant, 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: [Signature]

Subscribed and Sworn to before me this 11 day of July, 2017

[Signature]
Notary Public



EXHIBIT B