# CITY OF NAPERVILLE

## **PETITION FOR ZONING VARIANCE**



ADDRESS OF SUBJECT PROPERTY:	)50 Prairie Ave, N	Napervile, 60540	
PARCEL IDENTIFICATION NUMBER (PI	N):08-19-213-0	009	
I. PETITIONER: Bruce S. Wallace			
PETITIONER'S ADDRESS: 6156 Herita			
CITY: Lisle	STATE: IL	ZIP CODE: 60532	
PHONE: 630-369-5660	EMAIL ADDRESS:	copperwallbc@sbcglobal.net	
II. OWNER(S): Trust of Bruce S Wa	ılllace and Trust o	of Carol C Wallace	
OWNER'S ADDRESS: 6156 Heritage	Ln		
CITY: Lisle	_ STATE: IL	ZIP CODE: 60532	
PHONE: 630-369-5660	EMAIL ADDRESS:	copperwallbc@sbcglobal.net	
III. PRIMARY CONTACT (review comments sent to this contact):  RELATIONSHIP TO PETITIONER:   owner			
PHONE: 630-369-5660			
IV. OTHER STAFF			
NAME:	*		
RELATIONSHIP TO PETITIONER:			
PHONE:	EMAIL ADDRESS:		
NAME:			
RELATIONSHIP TO PETITIONER:			
PHONE:	EMAIL ADDRESS:		

## PETITION FOR ZONING VARIANCE



V. SUBJECT PROPERTY INFORMATION		
ZONING OF PROPERTY: 1050 Prairie Ave, Naper	ville, IL, 60540	
AREA OF PROPERTY (Acres or sq ft): .43 acre		
DETAILED DESCRIPTION OF VARIANCE (include relevance pages if needed):  see attached section V	ant Section numbers of Municipal Code; attached additiona	
	\$	
	*/	
VI. PETITIONER'S SIGNATURE		
Bruce S Wallace	(Petitioner's Printed Name and Title), being duly sworn,	
declare that I am duly authorized to make this Petiti knowledge, is true and accurate.	ion, and the above information, to the best of my	
(Signature of Petitioner or authorized agent)	April 4 2018 (Date)	
SUBSCRIBED AND SWORN TO before me this 4	h day of April, 2018  JONATHAN SCOTT GRIFFIN	
(Notary Public and Seal)	OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires May 09, 2018	

### 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 1<sup>st</sup> Owner or authorized agent)

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

April 4 2018 (Date)

(Date)

Bruce S Wallace

Carol C Wallace

1<sup>st</sup> Owner's Printed Name and Title

2<sup>nd</sup> Owner's Printed Name and Title

SUBSCRIBED AND SWORN TO before me this 4th day of April 2018

(Notary Public and Seal)

JONATHAN SCOTT GRIFFIN OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires May 09, 2018

### CITY OF NAPERVILLE **DISCLOSURE OF BENEFICIARIES**

### Ехнівіт В

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.	Petitioner: Bruce S Wallace
	Address: 6156 Heriage Lane Lisle, IL, 60532
	LISIE, IL, 00032
2.	Nature of Benefit sought: zoning variance at 1050 Prairie Ave ,Naperville IL, 60540
3.	Nature of Applicant (select one):
	a. Natural Person 🗸 d. Trust/Trustee 🗌
	b. Corporation e. Partnership
	c. Land Trust/ Trustee f. Joint Venture
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
0	Name address and apposite of paragraphic while disclosure to be by If of the court in the
6.	Name, address and capacity of person making this disclosure on behalf of the applicant: petitioner and applicant is the owner
	RTANT NOTE: In the event your answer to Section 5 identifies entities other than a natural person, additional
disclos	sures are required for each entity.
	ICATION ICE S. VVallace, being first duly sworn under oath, depose and state that I am the
persor	making this disclosure on behalf of the applicant, that I am duly authorized to make this disclosure, that I have
	he above and foregoing Disclosure of Beneficiaries, and that the statements contained therein are true in both
Signat	ure: But Walla
Subsc	ribed and Sworn to before me this 44 day of April , 2018
	tonatch an foot the this
Notary	Public and Seal
	JONATHAN SCOTT GRIFFIN OFFICIAL SEAL Notary Public, State of Illinois My Commission Expires May 09, 2018