

**CITY OF NAPERVILLE
PETITION FOR DEVELOPMENT APPROVAL**

DEVELOPMENT NAME (should be consistent with plat): Soma Sage Health & Healing ^{In}
ADDRESS OF SUBJECT PROPERTY: 1112 S. Washington Street
PARCEL IDENTIFICATION NUMBER (P.I.N.): 08-30-200-011

I. PETITIONER: NIKOLE CLAY, LMT
PETITIONER'S ADDRESS: 3164 OLLETON AVE.
CITY: AURORA STATE: IL ZIP CODE: 60502
PHONE: 630-740-8092 EMAIL ADDRESS: NIKOLE@SOMASAGEINC.COM

II. OWNER(S): Cedar Street Capital IV, LLC
OWNER'S ADDRESS: 1020 W. Lawrence Ave
CITY: Chicago STATE: IL ZIP CODE: 60640
PHONE: 312-561-3700 EMAIL ADDRESS: ajackson@cedarst.com

III. PRIMARY CONTACT (review comments sent to this contact):
RELATIONSHIP TO PETITIONER: Commercial Property Manager
PHONE: 312-561-3700 EMAIL ADDRESS: ajackson@cedarst.com

IV. OTHER STAFF

NAME: NONE

RELATIONSHIP TO PETITIONER: _____

PHONE: _____ EMAIL ADDRESS: _____

NAME: _____

RELATIONSHIP TO PETITIONER: _____

PHONE: _____ EMAIL ADDRESS: _____

V. PROPOSED DEVELOPMENT

(check applicable and provide responses to corresponding exhibits on separate sheet)

- | | |
|---|---|
| ☒ Amending or Granting a Conditional Use (Exhibit 1)* | ☐ Landscape Variance (Exhibit 5) |
| ☐ Amending or Granting a Planned Unit Development (Exhibit 2) | ☐ Planned Unit Development Deviation (Exhibit 6) |
| ☐ Annexation (Exhibit 3) | ☐ Sign Variance (Exhibit 7) |
| ☐ Plat of Easement/Vacation/Dedication | ☐ Zoning Variance (Exhibit 7) |
| ☐ Rezoning (Exhibit 4) | ☐ Platted Setback Deviation (Exhibit 8) |
| ☐ Subdivision Plat | ☐ Subdivision Deviation/Waiver (Exhibit 8) |
| ☐ Temporary Use | ☐ Other (Please Specify: _____) |

*When requesting approval of a Small Wind and/or a Solar Renewable Energy System complete Exhibit 9 instead of Exhibit 1.

ACREAGE OF PROPERTY: 2.87 acres

DESCRIPTION OF PROPOSAL/USE (use a separate sheet if necessary)

(PLEASE SEE ATTACHED)
SUITE 10 TO BE OCCUPIED BY NIKOLE CLAY, LMT,
OWNER & PRESIDENT OF SOMA SAGE HEALTH & HEALING,
INC., FOR THE PURPOSE OF CLINICAL MASSAGE
THERAPY & GENERAL OFFICE RELATED THERETO.

SOMA SAGE HEALTH & HEALING IS A HEALTH CARE PRACTICE.

VI. REQUIRED SCHOOL AND PARK DONATIONS (RESIDENTIAL DEVELOPMENT ONLY)

(per Section 7-3-5: Dedication of Park Lands and School Sites or for Payments or Fees In Lieu of)

Required School Donation will be met by:

- ☐ Cash Donation (paid prior to plat recordation)
- ☐ Cash Donation (paid per permit basis prior to issuance of each building permit)
- ☐ Land Dedication

Required Park Donation will be met by:

- ☐ Cash Donation (paid prior to plat recordation)
- ☐ Cash Donation (paid per permit basis prior to issuance of each building permit)
- ☐ Land Dedication

PETITIONER'S SIGNATURE

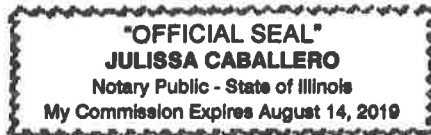
I, NIKOLE CLAY, LMT, PRESIDENT (Petitioner's Printed Name and Title), being duly sworn, declare that I am duly authorized to make this Petition, and the above information, to the best of my knowledge, is true and accurate.

[Signature]
(Signature of Petitioner or authorized agent)

3/6/19
(Date)

SUBSCRIBED AND SWORN TO before me this 6th day of March, 2019

[Signature]
(Notary Public and Seal)



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).

*on behalf of
cedar street
capital LLC*
Lia Jackson

(Signature of 1st Owner or authorized agent)

(Signature of 2nd Owner or authorized agent)

3/6/19

(Date)

(Date)

Lia Jackson

1st Owner's Printed Name and Title

2nd Owner Printed Name and Title

SUBSCRIBED AND SWORN TO before me this 6 day of March, 2019

Scott S. Perdue

(Notary Public and Seal)



* Please include additional pages if there are more than two owners.

**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. Petitioner: NIKOLE CLAY, LMT. PRESIDENT of SOMA SAGE HEALTH & HEALING INC.
Address: 1112 S. WASHINGTON ST. SUITE 10
NAPERVILLE, IL 60540

2. Nature of Benefit sought: CONDITIONAL USE

3. Nature of Petitioner (select one):

- | | |
|---|------------------|
| a. Natural Person | d. Trust/Trustee |
| ☒ b. Corporation | e. Partnership |
| c. Land Trust/Trustee | f. Joint Venture |

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

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, in the case of a joint venture, or who otherwise has a proprietary interest, interest in profits and losses or right to control such entity:

- a. NIKOLE CLAY, LMT. OWNER/PRESIDENT
b. _____
c. _____
d. _____

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

NIKOLE CLAY
3164 OVERTON AVE., AURORA IL 60502

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, NIKOLE C. CLAY, 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: [Signature]

Subscribed and Sworn to before me this 10th day of March, 2019.

[Signature]
Notary Public and seal

