

PETITION FOR ZONING VARIANCE



ADDRESS OF SUBJECT PROPERTY: 801 S Washington St

PARCEL IDENTIFICATION NUMBER (PIN): 07-24-400-013, 07-24-400-014, 07-24-400-015, 07-24-400-016, 07-24-408-15 (Our Saviour's Evangelical Lutheran),

Adjacent PIN: 07-24-208-101 (Martin R.O.W.)

I. PETITIONER: South Water Signs

PETITIONER'S ADDRESS: 934 N Church Rd, Elmhurst, IL 60126

CITY: Elmhurst STATE: IL ZIP CODE: 60126

PHONE: (630) 841-7071 EMAIL ADDRESS: flambert@southwatersigns.com

II. OWNER(S): Edward Elmhurst Hospital Attention: Sheri Scott

OWNER'S ADDRESS: 801 S Washington St

CITY: Naperville STATE: IL ZIP CODE: 60540

PHONE: (331) 221-6675 EMAIL ADDRESS: Sheri.Scott@EEHealth.org

III. PRIMARY CONTACT (review comments sent to this contact): Frank Lambert

RELATIONSHIP TO PETITIONER: Sign Contractor

PHONE: (630) 841-7071 EMAIL ADDRESS: flambert@southwatersigns.com

IV. OTHER STAFF

NAME: Joan Wedge

RELATIONSHIP TO PETITIONER: Art Director

PHONE: (630) 527-3905 EMAIL ADDRESS: joan.wedge@eehealth.org

NAME: Jim Hoss

RELATIONSHIP TO PETITIONER: Sign Contractor

PHONE: (630) 607-6734 EMAIL ADDRESS: jhoss@southwatersigns.com

CITY OF NAPERVILLE  
**PETITION FOR ZONING VARIANCE**



Exhibit A

**V. SUBJECT PROPERTY INFORMATION**

ZONING OF PROPERTY: Health Services District

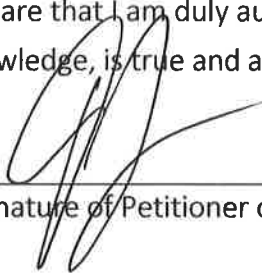
AREA OF PROPERTY (Acres or sq ft): 39.8960 Acres

DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed):

This variance petition is for the request to install new signage to replace the existing signage with the consideration to allow for a setback of less than 5 feet as shown in the current ordinance 2.2.5.2 and to allow for there to be more than ground sign to be placed within a 200 foot distance from one another and the total number of ground signs allowed

**VI. PETITIONER'S SIGNATURE**

I, Frank Lambert / Permitting Director (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.



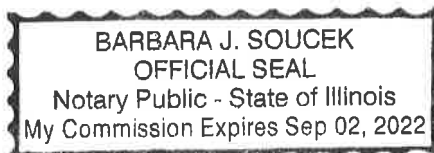
\_\_\_\_\_  
(Signature of Petitioner or authorized agent)

8/13/2019

\_\_\_\_\_  
(Date)

SUBSCRIBED AND SWORN TO before me this 27 day of August, 2019

Barbara J Soucek  
(Notary Public and Seal)



CITY OF NAPERVILLE  
PETITION FOR ZONING VARIANCE



Exhibit A

**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).

*Sheri Scott*  
(Signature of Petitioner or authorized agent)

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

July 1, 2019  
(Date)

\_\_\_\_\_  
(Date)

Sheri Scott c/o Edward Elmhurst Hospital  
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 1<sup>st</sup> day of July, 2019

*[Signature]*  
(Notary Public and Seal)



**CITY OF NAPERVILLE  
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: Edward Elmhurst Hospital - Sheri Scott  
 Address: 801 S. Washington St.  
Naperville, Illinois 60540

2. Nature of Benefit sought: Sign Variance

3. Nature of Petitioner (select one):

- |                                     |                       |                          |  |
|-------------------------------------|-----------------------|--------------------------|--|
| <input type="checkbox"/>            | a. Individual         | <input type="checkbox"/> | e. Partnership                         |
| <input checked="" type="checkbox"/> | b. Corporation        | <input type="checkbox"/> | f. Joint Venture                       |
| <input type="checkbox"/>            | c. Land Trust/Trustee | <input type="checkbox"/> | g. Limited Liability Corporation (LLC) |
| <input type="checkbox"/>            | d. Trust/Trustee      | <input type="checkbox"/> | h. Sole Proprietorship                 |

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

\_\_\_\_\_

5. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Name, address and capacity of person making this disclosure on behalf of the Petitioner:  
Robert Merkel c/o South Water Signs

VERIFICATION

I, Robert J. Merkel (print name), 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: Robert Merkel

Subscribed and Sworn to before me this 1 day of July, 2019.

[Signature]  
Notary Public and seal

