CITY OF NAPERVILLE

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 (0)	ur Saviour's Evangelic	al Lutheran).		
Adiacent PIN: 07-24-208-101 (Ma	artin R.O.W.)			
I. PETITIONER: South Water Sign	าร			
PETITIONER'S ADDRESS: 934 N C				
	7.55.51	ZIP CODE: _60126		
		flambert@southwatersigns.com		
II. OWNER(S): Edward Elmhurst H	lospital Attention	: Sheri Scott		
OWNER'S ADDRESS: 801 S Wash	ington St			
CITY: Naperville	STATE: IL	ZIP CODE: <u>60540</u>		
PHONE: (331) 221-6675	EMAIL ADDRESS:	Sheri.Scott@EEHealth.org		
III. PRIMARY CONTACT (review comments sent to this contact): Frank Lambert				
RELATIONSHIP TO PETITIONER: Si	gn Contractor			
PHONE: (630) 841-7071	EMAIL ADDRESS:	flambert@southwatersigns.com		
IV. OTHER STAFF				
NAME: Joan Wedge				
RELATIONSHIP TO PETITIONER: Art Director				
PHONE: <u>(630) 527-3905</u>	EMAIL ADDRESS: _j	oan.wedge@eehealth.org		
NAME: Jim Hoss				
RELATIONSHIP TO PETITIONER: Sign Contractor				
PHONE: (630) 607-6734	EMAIL ADDRESS:	hoss@southwatersigns.com		

CITY OF NAPERVILLE

PETITION FOR ZONING VARIANCE



V. SUBJECT PROPERTY INFORMATION

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. SUBSCRIBED AND SWORN TO before me this 27 day of Quyunt, 2019 Barbara Amerik (Notary Public and Seel)	ZONING OF PROPERTY: Health Services District			
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 1, Frank Lambert / Permitting Director (Petitioner's Printed Name and Title), being duly sworn, declare that Lam duly authorized to make this Petition, and the above information, to the best of my knowledge, it true and accurate. SUBSCRIBED AND SWORN TO before me this 27 day of Quy 2019	AREA OF PROPERTY (Acres or sq ft): 39.8960 Acres			
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 1, Frank Lambert / Permitting Director (Petitioner's Printed Name and Title), being duly sworn, declare that Lam duly authorized to make this Petition, and the above information, to the best of my knowledge, it true and accurate. (Signature of Petitioner or authorized agent) SUBSCRIBED AND SWORN TO before me this 27 day of (Date)	DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if			
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with 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) SUBSCRIBED AND SWORN TO before me this 27 day of Quyunt, 2019	This variance petition is for the request to install new signage to replace the existing signage with the consideration			
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(Signature of Petitioner or authorized agent) SUBSCRIBED AND SWORN TO before me this 27 day of august, 2019				
(Signature of Petitioner or authorized agent) SUBSCRIBED AND SWORN TO before me this 27 day of august, 2019	7 1 7 1			
(Signature of Petitioner or authorized agent) (Date) SUBSCRIBED AND SWORN TO before me this 27 day of august 2019	Milewieges, grand decardes.			
(Signature of Petitioner or authorized agent) (Date) SUBSCRIBED AND SWORN TO before me this 27 day of august 2019				
SUBSCRIBED AND SWORN TO before me this 27 day of august, 2019	8/13/2019			
	(Signature of Petitioner or authorized agent) (Date)			
(Notary Public and Seal)	SUBSCRIBED AND SWORN TO before me this 27 day of august, 2019			
	(Notary Public and Seal)			
DARRADA I CONCEK	DARRADA I CONCEK			
BARBARA J. SOUCEK OFFICIAL SEAL				
Notary Public - State of Illinois My Commission Expires Sep 02, 2022				

CITY OF NAPERVILLE

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).

Grew & Stott	
(Signature of Petitioner or authorized agent)	(Signature of 2 nd Owner or authorized agent)
July 1, 2019 (Date)	(Date)
Sheri Scott c/o Edward Elmhurst Hospital 1st Owner's Printed Name and Title	2 nd Owner's Printed Name and Title
SUBSCRIBED AND SWORN TO before me this 15	day of July 20_19
(Notary Public and Seal)	
NICOLE MOTA Official Seal Notary Public – State of Illinois My Commission Expires Mar 30, 200	

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.

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):

a. Individual e. Partnership

✓ b. Corporation f. Joint Venture

c. Land Trust/Trustee g. Limited Liability Corporation (LLC)

d. Trust/Trustee h. Sole Proprietorship

- 4. If Petitioner is an entity other than described in Section 3, briefly state the nature and characteristics of Petitioner:
- 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				
VERI	IFICATION				
Ro	obert J. Merkel (print name), being first duly sworn under oath, depose and s	tate			
that I	am the person making this disclosure on behalf of the Petitioner, that I am duly authorized to m disclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and that	ake			
stater	ments contained therein are true in both substance and fact.				
	Robert Merkel				
Signa	ature:				
	scribed and Sworn to before me this1 day ofJuly, 20_19				
Subs	scribed and Sworn to before me this _1 day of, 20_19				
Nada	ry Public and seal				
iyotai	NICOLE MOTA				
	Official Seal Notary Public – State of Illinois				
	My Commission Expires Mar 30, 2021				