

CITY OF NAPERVILLE  
**ZONING VARIANCE FORM**

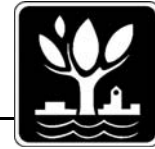


Exhibit A

**ADDRESS OF SUBJECT PROPERTY:** 240/244 E 4th Ave

**PARCEL IDENTIFICATION NUMBER (PIN):** 08-18-131-011, 08-18-131-012

**I. PETITIONER:** David Trollope/Diane Barrowman

PETITIONER'S ADDRESS: 240/244 E 4th Ave

CITY: Naperville STATE: IL ZIP CODE: 60540

PHONE: 630 479 3740 EMAIL ADDRESS: daveanddiane@kringlecottage.com

**II. OWNER(S):** David Trollope/Diane Barrowman

OWNER'S ADDRESS: 240/244 E 4th Ave

CITY: Naperville STATE: IL ZIP CODE: 60540

PHONE: 630 479 3740 EMAIL ADDRESS: daveanddiane@kringlecottage.com

**III. PRIMARY CONTACT** (review comments sent to this contact): \_\_\_\_\_

RELATIONSHIP TO PETITIONER: Petitioner is the primary contact

PHONE: 630 479 3740 EMAIL ADDRESS: daveanddiane@kringlecottage.com

**IV. OTHER STAFF**

NAME: N/A

RELATIONSHIP TO PETITIONER: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP TO PETITIONER: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

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Exhibit A

**V. SUBJECT PROPERTY INFORMATION**

ZONING OF PROPERTY: R2

AREA OF PROPERTY (Acres or sq ft): 13200 sq ft

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

Petitioner requests a variance from Section 6-2-10:6 to install a fence on two lots of which one does not contain a principle structure

**VI. PETITIONER'S SIGNATURE**

I, MR DAVID TROLLOPE (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.

Trollope  
(Signature of Petitioner or authorized agent)

11/22/2019  
(Date)

SUBSCRIBED AND SWORN TO before me this 22<sup>nd</sup> day of NOVEMBER, 20 19

Carrie A. Ferguson  
(Notary Public and Seal)



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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).

*David Trollope*  
(Signature of 1<sup>st</sup> Owner or authorized agent)

*Diane Barrowman*  
(Signature of 2<sup>nd</sup> Owner or authorized agent)

*11/22/19*  
(Date)

*11/22/19*  
(Date)

*MR DAVID TROLLOPE*  
1<sup>st</sup> Owner's Printed Name and Title

*DIANE BARROWMAN - WIFE*  
2<sup>nd</sup> Owner's Printed Name and Title

SUBSCRIBED AND SWORN TO before me this *22nd* day of *NOVEMBER*, 20 *19*

*Carrie A. Ferguson*  
(Notary Public and Seal)



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

VERIFICATION

I, MR DAVID TROLLOPE (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: Trollope

Subscribed and Sworn to before me this 22 day of NOVEMBER, 2019.

Carrie A. Ferguson  
Notary Public and seal

