CITY OF NAPERVILLE

ZONING VARIANCE FORM



ADDRESS OF SUBJECT	F PROPERTY:	236	S S WASHINGTON S	ST,
PARCEL IDENTIFICATION	ON NUMBER (P	IN): _	07-13-431-018	
I. PETITIONER: 236	S Washington, L	LC c	o Victoria Ricks	
PETITIONER'S ADDRESS:	1523 N DEAR	BORN	PARKWAY	
CITY: CHICAGO	STATE:	IL	ZIP CODE:	60610
PHONE: 312-300-4078				
II. OWNER(S):236 S	WASHINGTON	LLC		
OWNER'S ADDRESS: 152	3 N DEARBORN P	ARKV	/AY	
CITY: CHICAGO	STATE:IL		ZIP CODE: _	60610
PHONE: 312-300-4078	EMAIL ADDRE	ESS:	JACQUELINE@AEGI	SAIRCRAFT.COM
III. PRIMARY CONTACT	(review comments sen	it to this	contact):Vince Rosanov	a
RELATIONSHIP TO PETITIC	NER: ATTORNE	Υ		
PHONE: 630-355-4600	EMAIL ADDRE	ESS: _	VINCE@RW-ATTORN	NEYS.COM
IV. OTHER STAFF NAME: N/A				
RELATIONSHIP TO PETITIC	NER:			
PHONE:	EMAIL ADDRE	:SS: _		
NAME:				
RELATIONSHIP TO PETITIC	NER:			
PHONE:	EMAIL ADDRE	ESS:		

ZONING VARIANCE FORM



V. SUBJECT PROPERTY INFORMATION
ZONING OF PROPERTY: B4
AREA OF PROPERTY (Acres or sq ft): +/- 5000 SQ. FT
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed):
See Attached Petition
VI. PETITIONER'S SIGNATURE I, Victoria Ricks, Owner (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) (Date)
SUBSCRIBED AND SWORN TO before me this 19 day of December, 20 19 (Notary Public and Seal) LAUREN MAYER Official Seal Notary Public - State of Illinois My Commission Expires Jan 26, 2022

ZONING VARIANCE FORM



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 1st Owner or authorized agent)	(Signature of 2 nd Owner or authorized agent)
12-19-2019 (Date)	(Date)
Victoria Ricks, Owner	
1 st Owner's Printed Name and Title	2 nd Owner's Printed Name and Title
SUBSCRIBED AND SWORN TO before me to the subscriber of the subscri	this 19 day of December, 2019
LAUREN MAYER Official Seal Notary Public – State of Illinois My Commission Expires Jan 26, 2022	

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	::	236 S Washington, Ll	LC			
	Address:	152	1523 N Dearborn Parkway				
	,	Chi	cago, IL 60610				
2.	Nature of	Ben	efit sought:variance	from s	ection 6-7D-4		
3.	Nature of Petitioner (select one):						
	;	a.	Individual	e.	Partnership		
	I	b.	Corporation	f.	Joint Venture		
	(C.	Land Trust/Trustee	9	Limited Liability Corporation (LLC)		
	(d.	Trust/Trustee	h.	Sole Proprietorship		
4.	If Petition of Petition		an entity other than de	scribed	in Section 3, briefly state the nature and characteristics		

- 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
 - 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.

Exhibit D

6.	Name, address and capacity of person making this disclosure on behalf of the Petitioner:	
I, that I a this dis	Victoria Ricks (print name), being first duly sworn under oath, depose a am the person making this disclosure on behalf of the Petitioner, that I am duly authorized sclosure, that I have read the above and foregoing Disclosure of Beneficiaries, and tents contained therein are true in both substance and fact.	to make
Signatı	ure: // ut	
	ribed and Sworn to before me this 19 day of 10000 , 20 19 . Public and seal	
w .	LAUREN MAYER Official Seal Notary Public – State of Illinois y Commission Expires Jan 26, 2022	