

REQUIRED PLAN SUBMITTALS

Petitions for Zoning Variance will not be accepted and/or processed until all of the following submittal requirements are satisfied. Variance requests will only be scheduled for consideration by the Planning and Zoning Commission (PZC) upon receipt of a completed petition.

An electronic submittal of each item noted below shall accompany the Petition:

- Provide a thumb drive with the required electronic files (submitted CD's and thumb drives will not be returned).
- Label the thumb drive with Project Name.
- Save documents in PDF format.

Item /	Quantity
Petition for Zoning Variance (Exhibit A)	1 copy with original signatures + 3 copies
Responses to Variance Standards (Exhibit B or Exhibit C)	1 сору
Legal description* (include address and PIN)	1 copy
Site Plan (e.g., Plat Survey) depicting all existing structures, patios, decks, and proposed structures, additions, signs, and/or fences and the setbacks from lot lines to such improvements (<i>drawn to scale</i>).	4 full-sized copies + 1 reduced copy
Building elevations, if applicable (<u>drawn to scale</u>)	2 sets
Disclosure of Beneficiaries, <u>signed and notarized</u> (Exhibit D).	1 сору
\$446 application fee.	1 check made payable to "City of Naperville"

^{*}Legal Description: It is the petitioner's sole responsibility to verify that the correct legal description including address and PIN(s) is being submitted. Failure to do so may result in additional resubmittals, additional fees, meeting rescheduling, project delays, etc.



Information Page Only - Places Keep For Reference

CITY OF NAPERVILLE

PETITION FOR ZONING VARIANCE



ADDRESS OF SUBJECT PROPERTY:	605 S. Washington Street
PARCEL IDENTIFICATION NUMBER	(PIN): 07-24-205-028
	Joskum Foxsow
DETITIONED'S ADDRESS. 4/	6 S. Loomis Street
PETITIONER'S ADDRESS: 72	C - Coopers sincer
CITY: Nagerille	STATE: IL ZIP CODE: 60540
PHONE: 917-751-1924	_EMAIL ADDRESS: _ FOXSON @ Jnackil, Com
IL OWNER(S):	Jushin Fexsin
OMNER'S ADDRESS: 4/6	S. Cromis Street
CITY: A) or persille	STATE: IZ ZIP CODE: 60540
017 77 100 11	EMAIL ADDRESS: Loxson @ gmail.com
PHONE: 411-151-1924	EMAIL ADDRESS: Coxson (& 9Mail . Com
III. PRIMARY CONTACT (review com	ments sent to this contact): LEOVAR M. MOYSON
	Sam ATTORNEY
	LEMAIL ADDRESS: LERO RUHN HEAR, CIN
PHONE: 6 00 1001	16 Trivite reserves.
IV. OTHER STAFF	
NAME:	
RELATIONSHIP TO PETITIONER: _	
PHONE:	EMAIL ADDRESS:
NAME:	
	EMAIL ADDRESS:

CITY OF NAPERVILLE

PETITION FOR ZONING VARIANCE



V. SUBJECT PROPERTY INFORMATION
ZONING OF PROPERTY: T.U.
AREA OF PROPERTY (Acres or sq ft): 19,520 Square first
DETAILED DESCRIPTION OF VARIANCE (include relevant Section numbers of Municipal Code; attached additional pages if needed): Allow Meore by Homenale States he TO Zone SEE ATTACHED
VI. PETITIONER'S SIGNATURE I, Jestoner's Printed Name and Title), being duly sworn, (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 151 day of November, 2019
(Notary Public and Seal) CYNTHIA M WARNER Official Seal Notary Public – State of Illinois My Commission Expres Nov 8, 2021

V. Detailed Description of Variance Foxson Sign Variance

The Petitioner is requesting a variance from Section 6-16-6:4 (Special Areas of Control/Properties Zoned TU) to allow internal illumination of an existing sign.

The Subject Sign has been in place for several years, design and pictures attached. It was initially constructed to facilitate future internal illumination (however, it has not been internally illuminated).

The subject property is a large, 19,500 sf parcel, site plan attached, with approximately 150 lineal feet of frontage on Washington Street. The illumination portion of the proposed sign has three initials and six words identifying the property as a dental facility

The character of the neighborhood is smaller lots, with less frontage on Washington Street, each with its own sign and external illumination (note, one of the existing adjacent signs is already internally illuminated).

The primary treatment administered at the subject dental facility is oral surgery. Patients in surgery are placed under various degrees of anesthesia. The combination of surgery and anesthesia can occasionally increase the chances of a medical emergency that would require an emergency transfer to a hospital via ambulance. An internally illuminated sign is more readily visible to emergency responders. A less visible sign could result in practical difficulties

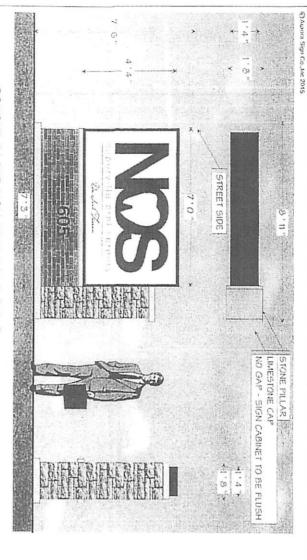
CITY OF NAPERVILLE

PETITION FOR ZONING VARIANCE



VII. OWNER'S AUTHORIZATION LETTER

> CYNTHIA M WARNER Official Seal Notary Public – State of Illinois My Commission Expires Nov 8, 2021



NESKIDSKIN FRANTSKI

NSIGN CO.

DOUBLE-FACED NON-ILLUMINATED SIGN

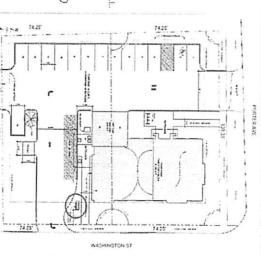
FACES TO BE WHITE ACRYLIC WITH COPY APPLIED FIRST BURFACE. EXPOSED METAL SURFACES TO BE COATED WITH ACRYLIC POLYURETHANE. FABRICATE AND INSTALL SIGN OF ALUMINUM AND STEEL ANGLE SCALE - 3/8" = 1"

> STUD MOUNTED TO BRICK BASE. ADDRESS TO BE ACRYLIC LETTERS

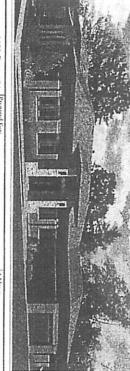
INSTALLATION INSTRUCTIONS

TO BE FROVIDED BY OTHERS PRIOR TO INSTALL ANCHOR SIGN TO MASONRY BASE

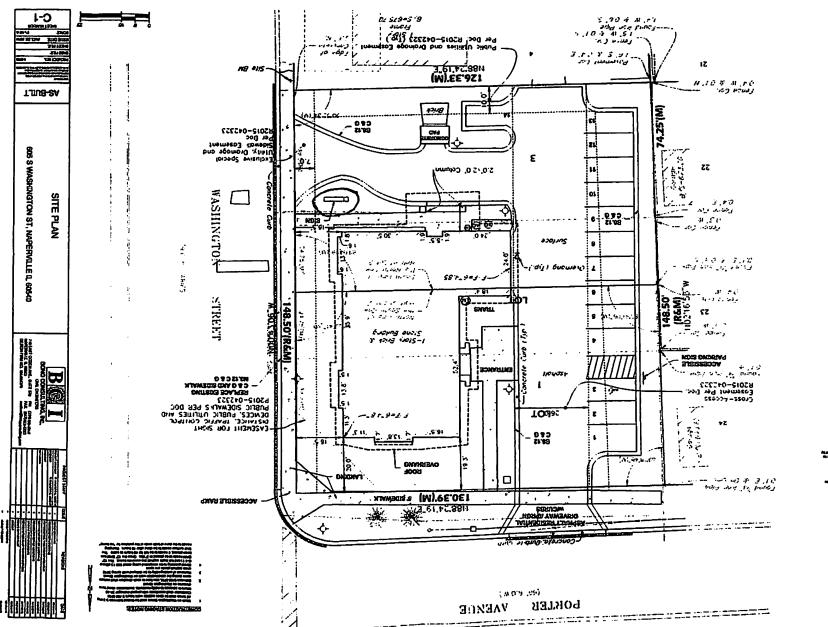
MASONRY MUST BE FILLED TO ANCHOR SIGN TO F00TING: 107" X 23"



MASONRY TO MATCH BUILDING



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