

CITY OF NAPERVILLE DEVELOPMENT PETITION FORM

DEVELOPMENT NAME (should be consistent with plat): MALL OF INDIA (DAYCARE TENANT BUILD-OUT)

ADDRESS OF SUBJECT PROPERTY: 776 S. RT 59, NAPERVILLE

PARCEL IDENTIFICATION NUMBER (P.I.N.) 07-22-300-036

I. PETITIONER: 1054 INC

PETITIONER'S ADDRESS: 440 SPRINGWOOD DRIVE

CITY: ROSELLE STATE: IL ZIP CODE: 60172

PHONE: 630-335-1453 EMAIL ADDRESS: HANA@BESTBRAINS.COM

II. OWNER(S): 1054 INC

OWNER'S ADDRESS: 440 SPRINGWOOD DRIVE

CITY: ROSELLE STATE: IL ZIP CODE: 60172

PHONE: 630-335-1452 EMAIL ADDRESS: HANA@BESTBRAINS.COM

III. PRIMARY CONTACT (review comments sent to this contact): SHILPA PUROHIT (PUROHIT ARCHITECTS, INC)

RELATIONSHIP TO PETITIONER: ARCHITECT

PHONE: 847-757-1618 EMAIL ADDRESS: SHILPA@PUROHITARCHITECTS.COM

IV. OTHER STAFF

NAME: _____

RELATIONSHIP TO PETITIONER: _____

PHONE: _____ EMAIL ADDRESS: _____

NAME: _____

RELATIONSHIP TO PETITIONER: _____

PHONE: _____ EMAIL ADDRESS: _____

V. PROPOSED DEVELOPMENT

(check applicable and provide responses to corresponding exhibits on separate sheet)

PZC&CC Process	<input type="checkbox"/> Annexation (Exhibit 3) <input type="checkbox"/> Rezoning (Exhibit 4) <input checked="" type="checkbox"/> Conditional Use (Exhibit 1) <input type="checkbox"/> Major Change to Conditional Use (Exhibit 1) <input type="checkbox"/> Planned Unit Development (PUD) (Exhibit 2) <input checked="" type="checkbox"/> Major Change to PUD (Exhibit 2) <input type="checkbox"/> Preliminary PUD Plat (Exhibit 2) <input type="checkbox"/> Preliminary/Final PUD Plat <input type="checkbox"/> PUD Deviation (Exhibit 6) <input type="checkbox"/> Zoning Variance (Exhibit 7) <input type="checkbox"/> Sign Variance (Exhibit 7) <input type="checkbox"/> Subdivision Variance to Section 7-4-4
CC Only Process	<input type="checkbox"/> Minor Change to Conditional Use (Exhibit 1) <input type="checkbox"/> Minor Change to PUD (Exhibit 2) <input type="checkbox"/> Deviation to Platted Setback (Exhibit 8) <input type="checkbox"/> Amendment to an Existing Annexation Agreement <input type="checkbox"/> Preliminary Subdivision Plat (creating new buildable lots) <input type="checkbox"/> Final Subdivision Plat (creating new buildable lots) <input type="checkbox"/> Preliminary/Final Subdivision Plat (creating new buildable lots) <input type="checkbox"/> Final PUD Plat (Exhibit 2) <input type="checkbox"/> Subdivision Deviation (Exhibit 8) <input type="checkbox"/> Plat of Right-of-Way Vacation
Administrative Review Administrative Review	<input type="checkbox"/> Administrative Subdivision Plat (no new buildable lots are being created) <input type="checkbox"/> Administrative Adjustment to Conditional Use <input type="checkbox"/> Administrative Adjustment to PUD <input type="checkbox"/> Plat of Easement Dedication/Vacation <input type="checkbox"/> Landscape Variance (Exhibit 5)
Other	<input type="checkbox"/> Please specify:

ACREAGE OF PROPERTY: 11.467 acers

DESCRIPTION OF PROPOSAL/USE (use a separate sheet if necessary)

Refer to the separate sheet- Attached

DESCRIPTION OF PROPOSAL/USE for:

Daycare Center & After-Hours Activity Center within the existing Indoor Mall of India, Suite-123.

Daycare center shall be designed to accommodate children of ages between 8 weeks to 5 years. The program shall have 10 classrooms with total targeted capacity of no more than 125 children in the program. The center is proposed to be remain open from 6:00 AM to 6:00 PM on weekdays only. Besides the classroom, the daycare also has Indoor Pool, a Large Studio & the Outdoor Play area with play equipment's + a splash pad. Entire play area is proposed to have fenced. The out-door play area shall be lighted with exterior wall mounted lights.

During the evening hours & on the weekend, a portion of the Daycare shall be used as After-Hours Activity center for public. The Activity center shall only utilize the Indoor Pool & the large studio, indicated by the diagonal hatching on the floor plan. The indoor pool shall be limited to ages under 14 years. The studio shall be open to all ages. Rest of the daycare area, including the outdoor play area shall be inaccessible (not to be used) by the After-Hours Activity Center. The detailed Operation Timings of the entire facility is explained below.

By proposing the daycare center, no change is suggested to the existing onsite parking- except (1) regular parking stall is proposed to be converted in an ADA stall, traffic circulation pattern, ingress/ egress to the property, and the R.O.W. Additionally, no change is suggested to the existing storm water/ detention. The daycare shall utilize the existing dumpster & the trash compactor on-site, that is provided for all the mall tenants on the northeast corner of the mall. The back side of the proposed daycare is proposed to have shall have kids play area.

DAYCARE AND AFTER-HOURS ACTIVITY CENTER: OPERATION TIMINGS

Activity	Door	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Daycare	Entrance 1	8:00AM -	Closed	Closed				
		6:00PM	6:00PM	6:00PM	6:00PM	6:00PM		
	Entrance 2	6:00AM -	Closed	Closed				
		6:00PM	6:00PM	6:00PM	6:00PM	6:00PM		
After-Hours Activity Center	Entrance 1	4:00PM - 9:00PM						
<p><u>Note:</u> The daycare center shall stop using the following (2) rooms earlier than their closing time and give it to the After- Hours Activity Center's use:</p> <ul style="list-style-type: none">- Indoor Pool shall be used by daycare only until 4:00PM- Studio shall be used by Daycare only until 5:00PM								

VI. REQUIRED SCHOOL AND PARK DONATIONS (RESIDENTIAL DEVELOPMENT ONLY)

(per Section 7-3-5: Dedication of Park Lands and School Sites or for Payments or Fees in Lieu of)

Required School Donation will be met by:

- Cash Donation (paid prior to plat recordation)
- Cash Donation (paid per permit basis prior to issuance of each building permit)
- Land Dedication

Required Park Donation will be met by:

- Cash Donation (paid prior to plat recordation)
- Cash Donation (paid per permit basis prior to issuance of each building permit)
- Land Dedication

VII. PETITIONER'S SIGNATURE

I, HANA ADAS (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.

Hana Adas
(Signature of Petitioner or authorized agent)

8/21/2020
(Date)

SUBSCRIBED AND SWORN TO before me this 21 day of AUGUST, 2020

Prema Malhotra
(Notary Public and Seal)



VIII. OWNER'S AUTHORIZATION LETTER¹

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).

Sanoddas

(Signature of 1st Owner or authorized agent)

(Signature of 2nd Owner or authorized agent)

8/21/2020

(Date)

(Date)

1st Owner's Printed Name and Title

2nd Owner Printed Name and Title

SUBSCRIBED AND SWORN TO before me this 21 day of AUGUST, 2020

Prema Malhotra

(Notary Public and Seal)



¹ Please include additional pages if there are more than two owners.

**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: 1054 INC
Address: 135 E. ALGONQUIN ROAD, SUITE B
ARLINGTON HEIGHTS, INC.

2. Nature of Benefit sought: _____

3. Nature of Petitioner (select one):

- | | |
|---|--|
| a. Individual | e. Partnership |
| <input checked="" type="radio"/> 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:

5. If your answer to Section 3 was anything other than "Individual", please provide the following information in the space provided on page 9 (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.

HANA ADAS 440 SPRINGWOOD DRIVE ROSELLE 60172

AJAY SUNKARA 9 N. MEADOW CT, SOUTH BARRINGTON

PRIMARY: 135 E ALGONQUIN ROAD, STE B 60010
ARLINGTON HEIGHTS, IL 60005

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

VERIFICATION

I, HANA ADAS (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 *Hana Adas*

Subscribed and Sworn to before me this 21 day of AUGUST, 2020

Prema Malhotra
Notary Public and seal

