



Planning and Zoning Division 1 S. Broadway, 2nd Floor, Aurora, IL
phone (630) 256-3080 fax (630) 256-3081 email COAPlanning@aurora-il.org

Filing Fee Worksheet

Project Number: 2025.025

Petitioner: Eola Liberty LLC

Number of Acres: 5.61

Number of Street Frontages: 2.00

Non-Profit No

Linear Feet of New Roadway:

New Acres Subdivided (if applicable): 5.44

Area of site disturbance (acres): 5.61

Filing Fees Due at Land Use Petition:

Request(s):	Conditional Use Revision	\$	821.33
	Preliminary Plan & Plat Revision	\$	771.33
		\$	-
		\$	-
		\$	-

Total: \$1,592.66

This Calculator is for informational purposes only and all numbers are subject to verification by the Review Planner.

Verified By: Jill N Morgan

Date: 1/3/2025



Project Contact Information Sheet

Project Number: 2025.025

Petitioner Company (or Full Name of Petitioner): Eola Liberty LLC

Owner

First Name: Jeff Initial: _____ Last Name: Houghtaling Title: _____
Company Name: _____
Job Title: #REF!
Address: 408 Palace Street, Unit B
City: Aurora State: IL Zip: 60506
Email Address: jeffhoughtaling@gmail.com Phone No.: _____ Mobile No.: _____

Main Contact (The individual that signed the Land Use Petition)

Relationship to Project: Owner
Company Name: Eola Liberty LLC
First Name: Jeff Initial: _____ Last Name: Houghtaling Title: _____
Job Title: _____
Address: 408 Palace Street, Unit B
City: Aurora State: IL Zip: 60506
Email Address: jeffhoughtaling@gmail.com Phone No.: _____ Mobile No.: _____

Additional Contact #1

Relationship to Project: Engineer
Company Name: CEMCON
First Name: Mark Initial: _____ Last Name: Scacco Title: Mr.
Job Title: Professional Engineer
Address: 2280 White Oak Circle, Suite 100
City: Aurora State: IL Zip: 60502
Email Address: mark.scacco@cemcon.com Phone No.: 630-862-2100 Mobile No.: _____

Additional Contact #2

Relationship to Project: Land Developer / Builder
Company Name: Harbour Contractors, Inc
First Name: Shawn Initial: _____ Last Name: Thompson Title: Mr.
Job Title: _____
Address: 23830 W. Main Street
City: Plainfield State: IL Zip: 60544
Email Address: sthompson@harbour-cm.com Phone No.: 331-201-3484 Mobile No.: _____

Additional Contact #3

Relationship to Project: Landscape Architect
Company Name: Schoppe Design Associates, Inc.
First Name: Michelle Initial: _____ Last Name: Wilson Title: _____
Job Title: _____
Address: 126 S. Main Street
City: Oswego State: IL Zip: 60543
Email Address: michelle@schoppedesign.net Phone No.: _____ Mobile No.: _____

Additional Contact #4

Relationship to Project: Architect
Company Name: _____
First Name: Craig Initial: _____ Last Name: Shannon Title: _____
Job Title: _____
Address: 575 12th Avenue
City: East Moline State: IL Zip: 61244
Email Address: craig@streamlinearchitects.com Phone No.: 309-781-2044 Mobile No.: _____