

Land Use Petition

Project Number: 2017.119

Subject Property Information

Address/Location: 443 Jackson Street

Parcel Number(s): 15-27-255-038

Petition Request(s)

Requesting to downzone the property at 443 Jackson Street from R-4 Two Family Dwelling District to R-2 One Family Dwelling District



Attachments Required

(a CD of digital files of all documents are also required)

Development Tables Excel Worksheet - digital only (1-0)

Word Document of: Legal Description (2-1)

One Paper and pdf Copy of:

Contact Worksheet (1-5)

Plat of Survey (2-1) ✓

Legal Description (2-1)

Petition Fee: \$0.00 (Payable to The City of Aurora)

I hereby affirm that I have full legal capacity to authorize the filing of this Petition and that all information and exhibits herewith submitted are true and correct to the best of my knowledge. The Authorized Signatory invites City representatives to make all reasonable inspections and investigations of the subject property during the period of processing this Petition.

*The Subject Property Owner must sign this form unless the Contact Person has been authorized to do so per a letter that is attached hereto. If Signator is NOT the Subject Property Owner a Letter of Aurhorization with owner's Name and contact information is required.

Authorized Signature: Beverly J Brackett Date 10/19/17

Print Name and Company: Beverly J Brackett

I, the undersigned, a Notary Public in and for the said County and State aforesaid do hereby certify that the authorized signer is personally known to me to be the same person whose name is subscribed to the foregoing instrument and that said person signed sealed and delivered the above petition as a free and voluntary act for the uses and purposes set forth.

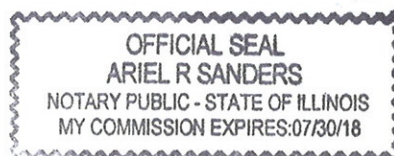
Given under my hand and notary seal this 19 day of October 2017.

State of Illinois)

County of Kane) SS

[Signature]
Notary Signature

NOTARY PUBLIC SEAL





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



Project Contact Information Sheet

Project Number: 2017.119

CITY OF AURORA
PLANNING & ZONING DIVISION

Petitioner Company (or Full Name of Petitioner): Beverly Brackett

Owner

First Name: Beverly Initial: _____ Last Name: Brackett Title: _____
Company Name: _____
Job Title: _____
Address: 443 Jackson Street
City: Aurora State: IL Zip: 60505
Email Address: _____ Phone No.: 630-851-3579 Mobile No.: _____

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

Relationship to Project: Owner
Company Name: _____
First Name: Beverly Initial: _____ Last Name: Brackett Title: _____
Job Title: _____
Address: 443 Jackson Street
City: Aurora State: IL Zip: 60505
Email Address: _____ Phone No.: 630-851-3579 Mobile No.: _____

Additional Contact #1

Relationship to Project: _____
Company Name: _____
First Name: _____ Initial: _____ Last Name: _____ Title: _____
Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone No.: _____ Mobile No.: _____

Additional Contact #2

Relationship to Project: _____
Company Name: _____
First Name: _____ Initial: _____ Last Name: _____ Title: _____
Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone No.: _____ Mobile No.: _____

Additional Contact #3

Relationship to Project: _____
Company Name: _____
First Name: _____ Initial: _____ Last Name: _____ Title: _____
Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone No.: _____ Mobile No.: _____

Additional Contact #4

Relationship to Project: _____
Company Name: _____
First Name: _____ Initial: _____ Last Name: _____ Title: _____
Job Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Email Address: _____ Phone No.: _____ Mobile No.: _____