City of Aurora

Development Services Department | Zoning and Planning Division

44 E. Downer Place | Aurora, IL 60505

Phone: (630) 256-3080 | Fax: (630) 256-3089 | Web: www.aurora-il.org



and Use Petition

Subject Property Information

Address / Location: 1550 Deerpath Road

Parcel Number(s): '14-12-100-023', '14-12-200-036', '14-12-300-010', '14-12-350-019', '14-12-398-016', '14-12-400-028'

Petition Request

Requesting approval of a Final Plan Revision for the property located at 1550 Deerpath Road.

Attachments Required (a digital file of all documents is also required)

Digital Copy of:

Development Data Tables (Document 1-0)

Microsoft Word Copy of:

Legal Description (Format Guidelines 2-1)

PDF Copy of:

Qualifying Statement (Format Guidelines 2-1)

Plat of Survey (Format Guidelines 2-1)

Letter of Authorization* (Format Guidelines 2-2)

Petition Fee: \$2,043.84

Two Paper and One PDF Copy of:

Engineering Site Plans Project Information Sheet

Stormwater Report and Permit

Application

Traffic Evaluation

Student and Bus Route Exhibit

Vehicle Sight Exhibits

Two Paper and One PDF Copy of: Final Plan (Format Guidelines 2-5)

Photometric Plan Fire Access Plan

Payable to: 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 <u>NOT</u> the Subject Property Owner a Letter of Authorization with owner's Name and contact information is required.

Authorized Signature: Angela Smith Date April 11, 2025

Print Name and Company: Angela Smith, Associate Supt for Operations, West Aurora School District

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 _// day of ______ day of ______

NOTARY PUBLIC SEAL

Official Seal PATRICIA M WHITWORTH Notary Public, State of Illinois Commission No. 746108 My Commission Expires March 19, 2027





City:

Email Address:

Planning and Zoning Division 77 S. Broadway, 2nd Floor, Aurora, IL phone (630) 256-3080 fax (630) 256-3081 email COAPlanning@aurora.il.us

Project Contact Information Sheet

Project Number: 24.542

Superintendent of Operations

Petitioner Company (or Full Name of Petitioner):		School District #129					
Owner							
First Name:	Angela	Initial:		Last Name:	Smith	Title	e: Mrs.
Company Name:	West Aurora School District						
Job Title:	Associate Superintendent for Ope	erations					
Address:	1877 W Downer PI						
City:	Aurora	State:	L	Zip:	6	0506	
Email Address:	akdsmith@sd129.org	Phone No.:	630-301-5000	Mobile No.:			
	ndividual that signed the La			_			
Relationship to Project:		Operator					
Company Name:	West Aurora School District	o por uno					
First Name:	Angela	Initial:		Last Name:	Smith	Title	. Mrs.
Job Title:	Associate Superintendent for Op			Last Hamo.			,
Address:	1877 W Downer PI	-					
City:	Aurora	State:	IL	Zip:	6	0506	
Email Address:	akdsmith@sd129.org	Phone No.:	630-301-5000	Mobile No.:		0000	
Additional Contact #				_			
Relationship to Project:		Engineer					
Company Name:	MeritCorp, LLC	gco.					
First Name:	Todd	Initial:		Last Name:	Roberts	Title	e: Mr.
Job Title:	President / Project Manager			<u> Laot Hamo</u>	71000110		. 1011.
Address:	4222 Meridian Parkway, Ste 1	12					
City:	Aurora	State:	IL	Zip:	6	0504	
Email Address:	Troberts@meritcorp.com	Phone No.:	630-554-6655	Mobile No.:		0004	
Additional Contact #				_ 1000110 110		THE STATE OF	
Relationship to Project:							
Company Name: First Name:		1141-1.		L = -t NI=			
Job Title:		Initial:		Last Name:		Title):
	-						
Address:		04-4		7:			
City:		State:		_Zip:			
Email Address:		Phone No.:		_ Mobile No.:		_	
Additional Contact #	<u> </u>						
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 #	14						
Relationship to Project:							
Company Name:							
First Name:		Initial:		Last Name:		Title	:
Job Title:							
Address:							

State:

Phone No.:

Zip:

Mobile No.:





OIS Planning and Zoning Division 77 S. Broadway, 2nd Floor, Aurora, IL city of Lights phone (630) 256-3080 fax (630) 256-3081 email COAPlanning@aurora.il.us

Filing Fee Worksheet

Project Number: 24.542

Linear Feet of New Roadway:

New Acres Subdivided (if applicable): 0.00

Petitioner: School District #129

Area of site disturbance (acres): 0.00

Number of Acres: 13.40

Number of Street Frontages: 1.00

Non-Profit No

Filling Fees Due at Land Use Petition:

\$ 1,043.84
\$ 1,000.00
\$

\$2,043.84 Total:

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

Verified By:

Stephen Broadwell

Date: