

Planning and Zoning Division 44 E. Downer Place, Aurora, IL 60507-2067 phone (630)256-3080 fax (630)-256-3089 email COAPlanning@aurora-il.org



Project Number: 2020.156

# Land Use Petition

**Subject Property Information** 

Address/Location: 449 New Indian Trail Court

Parcel Number(s): 15-09-400-007

Petition Request(s)

Requesting approval of a Plat of Easement for a Stormwater Control Easement over the property located at 449 New Indian Trail Court

### **Attachments Required**

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

OFFICIAL SEAL Alejandra Nunez NOTARY PUBLIC, STATE OF ILLINOIS My Commission Expires 3/7/2022

Development Tables Excel Worksheet digital only (1-0)

One Paper and pdf Copy of: Contact Worksheet (1-5) Filing Fee Worksheet (1-6) Letter of Authorization\* (2-2) Plat of Easment (2-13)

Petition Fee: \$100.00 (Payable to The City of Aurora)
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:  Date  Date  Diffict  Print Name and Company:  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 23 day of February of 2021
State of \(\line{llines}\) 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

## Filing Fee Worksheet

Project Number: 2020.156

Linear Feet of New Roadway:

0

Petitioner: West Aurora School District

New Acres Subdivided (if applicable): 0.00

Number of Acres: 0.00

Number of Street Frontages: 0.00

**Non-Profit** Yes

Area of site disturbance (acres): 0.00

Filling Fees Due at Land Use Petition:

rees due at Land Use Petition:	
Request(s): Dedications	\$ 100.00
	\$ -
	\$ -

\$100.00 Total:

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

Verified By:

Tracey M. Vacek

Date:

9/28/2020





## **Project Contact Information Sheet**

## Project Number:

#### Petitioner Company (or Full Name of Petitioner):

<u>Owner</u>						
First Name:		Initial:	<u> </u>	Last Name:		Title:
Company Name:	School District #129					
Job Title:						_
Address:	1877 W Downer Pl					<u>-</u>
City:	Aurora	State:	<u>IL</u>	_Zip:	60506	<del>-</del> -
Email Address:		Phone No.:		Mobile No.:		<u>-</u>
Main Contact (The in	ndividual that signed the l	Land Use Petition)				
Relationship to Project:		Other				
Company Name:	School District #129					_
First Name:	Pat	Initial:		Last Name:	Dacy	Title:
Job Title:						<u>-</u>
Address:	1877 W Downer PI					<del>-</del> -
City:	Aurora	State:	IL	_Zip:	60506	<del>-</del> -
Email Address:	pdacy@sd129.org	Phone No.:	630-327-1814	_ Mobile No.:		<u>-</u>
Additional Contact #	<u> 1</u>					
Relationship to Project:						
Company Name:						
First Name:		Initial:		Last Name:		Title:
Job Title:						<u> </u>
Address:						<u>-</u> '
City:		State:		Zip:		<u>-</u> '
Email Address:		Phone No.:		Mobile No.:		=
Additional Contact #	12			_		<del>-</del>
Relationship to Project:	<u>=</u>					
Company Name:						
First Name:	-	Initial:		Last Name:		Title:
Job Title:	-			240111411101		
Address:						-
City:		State:		Zip:		-
Email Address:		Phone No.:		Mobile No.:	-	-
						=
Additional Contact #	<u>·3</u>					
Relationship to Project:						
Company Name:		1.20.1		1 (1)		- 
First Name:		Initial:		Last Name:		Title:
Job Title:						≣'
Address:		01.1		<b></b>		≣'
City:		State:		_Zip:		≣'
Email Address:		Phone No.:		_ Mobile No.:		-
Additional Contact #	<u>4</u>					
Relationship to Project:						
Company Name:						_
First Name:		Initial:		Last Name:		Title:
Job Title:						<u>-</u>
Address:						<u>-</u>
City:		State:		_Zip:		<u>-</u>
Email Address:		Phone No.:		Mobile No.:		_