

Planning and Zoning Division 44 E. Downer Place, Aurora, IL 60507-2067 phone (630)256-3080 fax (630)-256-3081 email COAPlanning@aurora-il.org

Land Use Petition

Project Number: 2016.155

Subject Property Information

Address/Location: 285 NE Industrial Drive / north of Sullivan Road, west of Industrial drive and south of Mettel Road

Parcel Number(s): <u>15-10-251-013</u> and <u>15-10-251-019</u>

Petition Request(s)

Requesting the Establishment of a Special Use Planned Development, and to change the underlying zoning district from R-1 One Family Dwelling District to M-1 Manufacturing - Limited District on the property located at 285 NE Industrial Drive being north of Sullivan Road, west of Industrial drive and south of Mettel Road

Attachments Required

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

Attach the following worksheets: Contact Worksheet (1-5) Filing Fee Worksheet (1-6)

One Paper Copy of: Qualifying Statement (2-1) Plat of Survey (2-1) Legal Description (2-1) One Paper Copy of: Plan Description (2-18)



Petition Fee: \$942.70 (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: Un	Hay rah	SP	Date 1/29216
Print Name and Company: _	-) -		Š p

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.

State of Win OS NOTARY PUBLIC SEAL

Francis March Vacle

OFFICIAL SEAL
TRACEY M VACEK
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:02/08/20



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

Filing Fee Worksheet

Project Number: 2016.155

Linear Feet of New Roadway:

Petitioner: Anthony Salerno, Sr.

New Acres Subdivided (if applicable): 0.00

Number of Acres: 8.22

Area of site desturbance (acres): 0.00

Number of Street Frontages: 2.00

Non-Profit No

Filling Fees Due at Land Use Petition:

Request(s): Rezoning & Special Use		912.70
Public Hearing Notice Sign(s)	\$	30.00
	\$	-
	\$	-
	\$	-
	\$	-

\$942.70 Total:

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

Verified By:

Date:

OFFICIAL SEAL TRACEY M VACEK NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:02/08/20





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Project Contact Information Sheet

Project Number:	2016.155				
Owner					
First Name:	Anthony	Initial:	Last Name: Salern	no, Sr Title:	Mr.
Company Name:		Windy City Amusements			
Job Title:		The state of the s			
Address:		914 W. Main Street			
City:	St, Charles	State: IL	Zip:	60174	
Email Address:	office@windycityamusemen		7 Mobile No.:		
Main Petitioner Con		gned the Land Use Petition)			
Relationship to Project:		•	Owner		
Company Name:		Windy City Amusements			
First Name:	Anthony	Initial:		Salerno, Sr Title:	Mr.
Job Title:	7.1111111	THRICK.	Last Hamo.	Thio.	
Address:		914 W. Main Street			
City:	St, Charles	State: IL	7in·	60,174.00	
Email Address:	office@windycityamusement			00,114.00	
Additional Contact #		<u> </u>	Trioblic 140		
Relationship to Project:					
Company Name:					
First Name:	****	[- : A: -].	L = 4 Nl=	T:Al -	
Job Title:		Initial:	Last Name:	Title:	
Address:					
City: Email Address:		State:			
		Phone No.:	Mobile No.:		
Additional Contact #	<u>2</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 #	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:		Title.	and the state of t		
Address:					
City:		State:	Zip:		
Email Address:		Phone No.:	Mobile No.:	MO 14 (17 M 14 D 14 A	