

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



Land Use Petition

Project Number: 2020.112

Subject Property Information

Address/Location: 2655 Orchard Gateway Road

Parcel Number(s): 14-01-401-002

Petition Request(s)

Requesting approval of a Plan Description Revision of the Orchard Gateway Corporate Centre Planned Development District for the property located at 2655 Orchard Gateway Road

Attachments Required

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

Word Document of: Legal Description (2-1)

One Paper and pdf Copy of: Qualifying Statement (2-1) Plat of Survey (2-1) Legal Description (2-1) Letter of Authorization (2-2)

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

Two Paper and pdf Copy of: Revised Plan Description (2-18)

Petition Fee: \$815.00 (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: / Alttle K- Afforuse Date 11/9/2020

Print Name and Company: Collette House, President Aurara Christian Schools, Inc.

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 ______

NOTARY PUBLIC SEAL

Notary Signature

SARAH A WOODWARD
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
November 21, 2022



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



Filing Fee Worksheet

Project Number: 0

Petitioner: 0

Number of Acres: 0.00

Number of Street Frontages: 1.00 Non-Profit

Filling Fees Due at Land Use Petition:

Linear Feet of New Roadway:	0
New Acres Subdivided (if applicab	le): 0.00
Area of site disturbance (acre	es): 0.00

\$815.00
800.00
15.00
-

Total:

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

Verified By:

Jake Sodaro

Date:

11/5/2020

Contact Information Data Entry Worksheet

Back To Index Fill in all the GREEN Boxes - if Not Applicable Please Leave Blank

Data Entry Fields are indicated in Green

<u>Owner</u>								
First Name:	Aurora Christian Schools, Inc.	Initial:		Last Name:	House	Title:	Dr.	
Address:	2255 Sullivan Road							
City:	Aurora	State:	Illinois	Zip:	60506			
Email Address:	collette.house@aurorachristian.or			Mobile No.:	60306			
Company Name:	Aurora Christian Schools, Inc.							
Job Title:	Attn: Collette House - President							
Main Petitioner Contact	The individual that may Sign the	Land Use Po	etition)					
Relationship to Project	Attorney							
First Name:	Michael	Initial:		Last Name:	Herbert	Title:	Select One From List	
Address:	2000 W. Galena Blvd., Suite 201							
City:	Aurora	State:	Illinois	Zip:	60506			
Email Address:		Phone No.:	630-844-1257	Mobile No.:				
Company Name:								
Job Title:								
Additional Contact #1								
Relationship to Project	Attorney							
First Name:	Lane	Initial:		Last Name:	Hasler	Title:	Select One From List	
Address:	33 North Dearborn, Suite 2330							
City:	Chicago	State:	Illinois	Zip:	60602			
Email Address:		Phone No.:	312-893-0551		312-953-4914			
Company Name:								
Job Title:								
Additional Contact #2	T							
Relationship to Project	Select One From List							
First Name:		Initial:		Last Name:		Title:	Select One From List	
Address:								
City:		State:		Zip:				
Email Address:		Phone No.:		Mobile No.:				
Company Name:								
Job Title:								
Additional Contact #3								
Relationship to Project	Select One From List							
First Name:		nitial:		Last Name:		Title:	Select One From List	
Address:								
City:		State:		Zip:				