

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: 2016.066

Subject Property Information

Address/Location: 778 N. State Route 59

Parcel Number(s): 07-21-200-057, 07-21-200-058

Petition Request(s)

Requesting approval of a Final Plan Revision for Lots 8 and 9 of Meijer Subdivision located at 778 N. State Route 59 for

a restaurant use (2500)

CITY OF AURORA PLANNING & ZONING DIVISION

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)

Existing or Proposed CC and Rs OR Lease

Restrictions (2-1)

(a CD of digital files of all documents are also required) One Paper Copy of:

Two Paper and One pdf Copy of:

Fire Access Plan (2-6)

Final Engineering Plans (2-16)

Final Plan (2-4)

Landscape Plan (2-7)

Stormwater Permit Application (App 6-5) Building and Signage Elevations (2-11)

Overland Flood Routes and Storm

Sewer Calculations

Soil Investigation Report, if available

Wetland Determination - Letter by

Design Professional

included Per Emai

Petition Fee: (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 TERSON Print Name and Company & AREN L.

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 22

County of

Notary Signature

NOTARY PUBLIC SEAL

OFFICIAL SEAL PATRICIA J SULLIVAN NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:08/20/18

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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: 2016.066

Petitioner: Miller's Ale House

Number of Acres: 2.18

Number of Street Frontages: 2.00

Non-Profit No

Linear Feet of New Roadway:

New Acres Subdivided (if applicable): 0.00

Area of site disturbance (acres): 1.81

Filling Fees Due at Land Use Petition:

Request(s):

| Final Plan Revision          | \$<br>750.00 |
|------------------------------|--------------|
| Final Engineering Filing Fee | \$<br>650.00 |
|                              | \$<br>-      |
|                              | \$<br>-      |
|                              | \$<br>-      |
|                              | \$<br>-      |

\$1,400.00 Total:

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

Verified By:

Date:



# 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

| Owner                             |                                             |               |                                       |               |                                       |        |                       |
|-----------------------------------|---------------------------------------------|---------------|---------------------------------------|---------------|---------------------------------------|--------|-----------------------|
| First Name:                       | Karen                                       | Initial:      |                                       | Last Name:    | Peterson                              | Title: | Ms.                   |
| Address:                          | 18W140 Butterfield Road, Suite 940          |               |                                       |               |                                       |        |                       |
| City:                             | Oakbrook Terrace                            | State:        | IL                                    | Zip:          | 60181                                 |        |                       |
| mail Address:                     | kpeterson@rsgrowthmanagement.com            | Phone No.:    | 630-884-8718                          | Mobile No.:   |                                       |        |                       |
| ompany Name:                      | PR & SP Holdings, LLC - RJPLH2              |               |                                       |               |                                       |        |                       |
| lob Title:                        | Vice President                              |               |                                       |               |                                       |        |                       |
|                                   |                                             |               |                                       |               |                                       |        |                       |
|                                   | t (The individual that will Sign the Land L | Jse Petition) |                                       |               |                                       |        |                       |
| Relationship to Project           | Tenant                                      |               |                                       |               |                                       |        | T                     |
| irst Name:                        | Shane                                       | Initial:      |                                       | Last Name:    | Feemster                              | Title: | Mr.                   |
| ddress:                           | 5663 Windermere Drive, Suite 2              |               | T=:                                   |               | 100011                                |        |                       |
| ity:                              | Jacksonville                                | State:        | FL                                    | Zip:          | 32211                                 |        |                       |
| mail Address:                     | sfeemster@millersalehouse.com               | Phone No.:    | 469-559-6400                          | Mobile No.:   |                                       |        |                       |
| company Name:                     | Miller's Ale House                          |               |                                       |               |                                       |        |                       |
| ob Title:                         | Associate AIA                               |               |                                       |               |                                       |        |                       |
|                                   |                                             |               |                                       |               |                                       |        |                       |
| Additional Contact #1             |                                             |               |                                       |               |                                       |        |                       |
| Relationship to Project           | Engineer                                    | 7             |                                       |               |                                       |        |                       |
| irst Name:                        | Colleen                                     | Initial:      |                                       | Last Name:    | Marnell                               | Title: | Mrs.                  |
| ddress:                           | 111 West Jackson Boulevard, Suite 700       | 1             | 1                                     |               |                                       |        |                       |
| ity:                              | Chicago                                     | State:        | IL                                    | Zip:          | 60604                                 |        |                       |
| mail Address:                     | colleen.marnell@kimley-horn.com             | Phone No.:    |                                       | Mobile No.:   | 00004                                 |        |                       |
|                                   | Kimley-Horn and Associates, Inc.            | Trione No     | 312-324-7400                          | INIODIIE IVO  | 1                                     |        |                       |
| ompany Name:                      | Project Manager                             |               |                                       |               |                                       |        |                       |
| elationship to Project irst Name: | Select One From List                        | Initial:      |                                       | Last Name:    | T                                     | Title: | Select One From List  |
|                                   | <del></del>                                 | Initial.      |                                       | Last Name.    |                                       | Title. | Gelect Offe From Elst |
| ddress:                           | <del> </del>                                | State:        | - <del></del>                         | Zip:          | 1                                     |        |                       |
| ity:                              |                                             |               |                                       | Mobile No.:   |                                       |        |                       |
| mail Address:                     |                                             | Phone No.:    |                                       | INIODIIE NO.: |                                       |        |                       |
| Company Name:                     |                                             |               |                                       |               |                                       |        |                       |
| ob Title:                         |                                             |               |                                       |               |                                       |        |                       |
| Additional Contact #3             |                                             |               |                                       |               |                                       |        |                       |
| telationship to Project           | Select One From List                        |               |                                       |               |                                       |        |                       |
| irst Name:                        |                                             | Initial:      |                                       | Last Name:    |                                       | Title: | Select One From List  |
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| ity:                              |                                             | State:        |                                       | Zip:          |                                       |        |                       |
| mail Address:                     |                                             | Phone No.:    |                                       | Mobile No.:   |                                       |        |                       |
| ompany Name:                      |                                             |               |                                       |               |                                       |        |                       |
| ob Title:                         |                                             |               |                                       |               |                                       |        |                       |
|                                   |                                             |               |                                       |               |                                       |        |                       |
| dditional Contact #4              | <u></u>                                     |               |                                       |               |                                       |        |                       |
| Relationship to Project           | Select One From List                        |               |                                       |               | ,                                     |        | 10                    |
| irst Name:                        |                                             | Initial:      |                                       | Last Name:    |                                       | Title: | Select One From List  |
| ddress:                           |                                             |               | · · · · · · · · · · · · · · · · · · · |               | · · · · · · · · · · · · · · · · · · · |        |                       |
| ity:                              |                                             | State:        |                                       | Zip:          |                                       |        |                       |
| mail Address:                     |                                             | Phone No.:    |                                       | Mobile No.:   |                                       |        |                       |
| ompany Name:                      |                                             |               |                                       |               |                                       |        |                       |
| ob Title:                         |                                             |               |                                       |               |                                       |        |                       |
|                                   |                                             |               |                                       |               |                                       |        |                       |





September 7, 2016

Re:

City of Aurora Planning and Zoning Division 1 South Broadway, 2<sup>nd</sup> Floor Aurora, IL 60505

Miller's Ale House - Qualifying Statement

778 North State Route 59

Aurora, IL 60505



Kimley-Horn and Associates, Inc. serves as the engineering consultant for Miller's Ale House, who is planning to construct a Miller's Ale House restaurant at 778 N. State Route 59 in Aurora, IL. The building will have a total area of 8,010 square feet with 332 seats. The proposed improvements include construction of a new building, parking lot mill and overlay, landscaping and associated utility connections. It is anticipated that the proposed Miller's Ale House will have no adverse impacts to the surrounding area.

The proposed building will front N. State Route 59. Access to the parcel will be via the existing, shared drive on the west side of the property. The site is an existing abandoned restaurant with associated parking, landscaping, and utilities. The existing building will be demolished and Miller's Ale House will construct a new, smaller building in the same location. Green space is proposed around the building with maintenance throughout the site. The site's parking lot will be resurfaced via mill and overlay and the existing 115 (including 5 ADA stalls) parking stalls will be restriped. Storm water detention has been provided offsite as part of the overall development. The building size will be reduced; therefore, the impervious area will be reduced. This construction will have no net increase to the area tributary to the existing storm water facilities. All proposed utilities will tie into existing utilities onsite.

The proposed Miller's Ale House shall meet the below sections of the City of Aurora code. At this time, no variances, exceptions or modifications to the City code are requested.

- City Zoning Ordinance Section 8.6 B-B(S) or Business Boulevard District requirements
- City Zoning Ordinance Section 5.13 Off-street Parking and Loading
- City Zoning Ordinance Section 5.4 Landscaping

Thank you in advance for you time and consideration of this project. Should you have any questions or need additional material, please do not hesitate to contact me at 312.924.7408 or colleen.marnell@kimley-horn.com.

Sincerely,

Kimley-Horn and Associates, Inc.

Ollen Marnell

Colleen Marnell, P.E.

CITY OF AURORA
PLANNING & ZONING DIVISION

# RP & SP Holdings, LLC—RJPLH2 18W140 Butterfield Rd., Suite 940 Oakbrook Terrace, IL 60181

August 17, 2016

From: RP & SP Holdings, LLC - RJPLH2

18W140 Butterfield Rd., Suite 940 Oakbrook Terrace, IL 60181

Phone: (630) 884-8718

Email: kpeterson@rsgrowthmanagement.com

To: City of Aurora, Planning and Zoning Division

44 E. Downer Place, Aurora IL 60507

630-256-3080

coaplanning@aurora-Il-org

Re: Authorization Letter for: 778 N. Route 59, Aurora, IL 60504 (the "Property")

To whom it may concern:

As the record owner of the Property, RP & SP Holdings, LLC-RJPLH2, a series of RP & SP Holdings, LLC, a Delaware limited liability company (the "Company") hereby affirms that the Company has full legal capacity to authorize Miller's Ale House, Inc., a Delaware corporation ("Miller's") and its representatives, to act as the Company's agent by and through Miller's Land Use Petition process with the City of Aurora for the Property.

RP & SP Holdings, LLC-RJPLH2

Name: Karen L. Peterson Its: Vice President

Subscribed And Sworn To Before Me This \_\_\_\_\_\_Day of August 20\_/6

Notary Signature atu Gulliva

CFFICIAL SEAL
PATRICIA J SULLIVAN
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:08/20/18

CITY UF AURURA

PLANNING & ZONING DIVISION

# SITE LEGAL DESCRIPTION:

## PARCEL 1:

LOTS 8 AND 9 IN MEIJER SUBDIVISION, BEING A SUBDIVISION OF PART OF THE NORTHEAST 1/4 OF SECTION 21 AND THE SOUTHEAST 1/4 OF SECTION 16, TOWNSHIP 38 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 28,2000 AS DOCUMENT R2000-14525, IN DU PAGE COUNTY, ILLINOIS

# PARCEL 2:

NON-EXCLUSIVE EASEMENT FOR THE BENEFIT OF PARCEL 1 AS CREATED BY NON-EXCLUSIVE DRIVEWAY ACCESS EASEMENT AGREEMENT RECORDED FEBRUARY 11, 2000 AS DOCUMENT R2000-21014 FOR INGRESS AND EGRESS OVERPARTS OF LOT 2 AS DESCRIBED IN EXHIBIT B ATTACHED THERETO AND DEPICTED ON EXHIBIT C ATTACHED THERETO.



# Parking and Stacking Requirement Worksheet

Project Number: 2016.066

Petitioner: Miller's Ale House

Parking Requirement

| Total Parking Requirement | 111 |
|---------------------------|-----|
| Enclosed Parking Spaces   | -   |
| Surface Parking Spaces    | 111 |

Note: All parking spaces must be individually accessable spaces in order to count towards this requirement

Stacking Requirement

| Stacking requirement                                   |   | 1                                                                                                   |
|--------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------|
| Total Stacking Requirement (number of stacking spaces) | - |                                                                                                     |
| Drive-through facilities                               | - | 5 stacking spaces at each bay, window, lane, ordering station, machine or similar.                  |
| Car wash facilities, automated                         |   | 20 stacking spaces or 10 per approach lane, whichever is greater.                                   |
| Car wash facilities, self-service                      |   | 3 stacking spaces per approach lane, plus 2 drying spaces per stall                                 |
| Preschool or daycare facilities, drop-off area         |   | 5 stacking spaces for facilities 5,000 SF or less or 10 spaces for faculties greater than 5,000 SF. |

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

OFFICE USE ONLY

Verified By: Steve Broadwell, 2/9/17

Structure 2210: Food and beverage

Requirement Based On:

Sq Ft / Units

<u>Use</u>

Needed

Number Required

332.0000 establishments

1 per 3 seats

111





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

# Landscaping CTE Requirement Worksheet

Project Number: 2016.066

Petitioner: Miller's Ale House

652 L.F. L.F. Wet Bottom Street Frontage

Stormwater HWL

L.F. Dry Bottom L.F. units **Dwelling Units** Neighborhood Border

Subdivision Name: Miller's Ale House

Unit/Phase:

Surface Parking Spaces Perimeter Yard **Buffer Yard** 

**Building Foundation** 

115 spaces 380 L.F.

1,176 L.F. - L.F.

Lot Number

Lot 8 & 9

Standard Requirements

|                              |            | Canopy Trees | Evergreen | Understory | Evergreen | Deciduous |                      |
|------------------------------|------------|--------------|-----------|------------|-----------|-----------|----------------------|
|                              |            |              | Trees     | Trees      | Shrubs    | Shrubs    |                      |
|                              | Total CTEs | 1            | က         | 3          | 20        | 20        | CTE Equivilant Value |
|                              | Required   |              |           |            |           |           |                      |
| Street Trees                 | 21.0       | 21           | 0         | 0          | 0         | 0         | Waive 21 CTEs        |
| Wet Stormwater Facility      | 0.0        | 0            | 0         | 0          | 0         | 0         |                      |
| Dry/Turf Stormwater Facility | 0.0        | 0            | 0         | 0          | 0         | 0         |                      |
| Neighborhood Border          | 0.0        | 0            | 0         | 0          | 0         | 0         |                      |
| Dwelling Unit                | 0.0        | 0            | 0         | 0          | 0         | 0         |                      |
| Perimeter Yard               | 36.0       | 18           | 15        | 15         | 80        | 80        |                      |
| Buffer Yard                  | 0.0        | 0            | 0         | 0          | 0         | 0         |                      |
| Parking Lot Islands          | 9.0        | 9            | 0         | 0          | 30        | 30        | # of Islands: 6      |
| Building Foundation          | 4.0        | 0            | 0         | 0          | 40        | 40        |                      |
| Total:                       | 70.0       | 45           | 15        | 15         | 150       | 150       |                      |
| ORIGINAL REQ.                | 20         |              |           |            |           |           |                      |
| TOTAL WAIVED                 | 21         |              |           |            |           |           |                      |

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

Verified By:

Steve Broadwell

Date: 2/9/17

ECEIVE MAR -2 2017

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