



Application for Development

For Office Use Only: Case Number: _____
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Project Name: MDW5 - YARD CONNECTION

Owner: BREIT Industrial Canyon IL1B04 LLC **Correspondence To:** Agnes Jagoda - SPM

Street address: [REDACTED] **Street address:** [REDACTED]

City, St., Zip: [REDACTED] **City, St., Zip:** [REDACTED]

Phone: [REDACTED] **Phone:** _____

Email: [REDACTED] **Email:** _____

Property Address:

Street address: 16825 CHURNOVIC LANE

Property Information:

Lot Width: LOT 15 - +/- 617' AND LOT 16 - +/- 993'

City, St., Zip: CREST HILL, IL, 60435

Lot Depth: LOT 15 - +/- 260' AND LOT 16 - +/- 1,015'

PIN: 04-30-102-010-0000 AND 04-30-102-011-0000

Total Area: 26.63 AC

*Submit an electronic version of the legal description only in a Word document to:

buildingdepartment@cityofcresthil.com

Existing Zoning: M-1 Existing Land Use: WAREHOUSE & OFFICE

Requested Zoning: M-1 Proposed Land Use: WAREHOUSE & OFFICE

Adjoining Properties Zoning and Uses:

North of Property: R-3 - MULTIFAMILY RESIDENTIAL

South of Property: M-1 - INDUSTRIAL WAREHOUSE W/ SPECIAL USE

East of Property: M-1 - INDUSTRIAL WAREHOUSE

West of Property: M-1 - INDUSTRIAL WAREHOUSE

Purpose Statement (intended use and approval sought): pursuing a variance for section 15.04.040 that states the maximum width of a curb cut is 30'. The intent is to allow for a 45' curb cut.

Development Request: Please check all that apply and describe:

☐ Rezoning: _____

☐ Special Use: _____
pursuing a variance for section 15.04.040 that states the maximum width of a curb cut is 30'. The existing southeast curb cut and proposed curb cut is approximately 45' to allow for the connection of the truck yard and

☒ Variance: decrease the amount of truck queuing on adjacent roads.

☐ Planned Unit Development: _____

☐ Annexation: _____

☐ Plat: _____

☐ Other: _____

Contact Information – If not yet known, please indicate as TBD. Check those parties in which copies of all correspondences should be forwarded.

☒ Civil Engineer: MARTA GAPPY Phone:

Company: KIMLEY-HORN AND ASSOCIATES Email: M

☐ Contractor: _____ Phone: _____

Company: _____ Email: _____

☒ Architect: SARAH VOSS Phone:

Company: PDMS DESIGN GROUP Email:

☐ Builder: _____ Phone: _____

Company: _____ Email: _____

I agree to be present (in person or by counsel) when the Plan Commission and City Council hear this development request.

Signature of the Applicant

Date

If you (the applicant) are not the owner of record, please provide the owner's signature.

DocuSigned by:
Robert Danrat

6/30/25

20F0A473FEF3481
Signature of the Owner

Date