Crest Hill
CITY OF NEIGHBORS

EXHIBIT B

Application for Development

For Office Use Only: **Case Number:** SU-26-11-11-1

Project Name: Thrive Therapeutic Massage PLLC Special Use

Owner: Jeff Crockett Properties

Street address: [redacted]

City, St., Zip: [redacted]

Phone: [redacted]

Email: [redacted]

Correspondence To: Ruth Carroll

Street address: [redacted]

City, St., Zip: [redacted]

Phone: [redacted]

Email: [redacted]

Property Address:

Street address: 16151 Weber Rd ste LL50

City, St., Zip: Crest Hill, IL 60403

PIN: 11-04-20-105-016-0000
11-04-20-105-017-0000

Property Information:

Lot Width:

Lot Depth:

Total Area: 104.5 SqFt

*Submit an electronic version of the legal description only in a Word document to:
buildingdepartment@cityofcresthill.com

Existing Zoning: B3

Existing Land Use:

Requested Zoning: Special Use

Proposed Land Use:

Adjoining Properties Zoning and Uses:

North of Property: B3

South of Property: R3

East of Property: R3

West of Property: N/A

Purpose Statement (intended use and approval sought): Massage Establishment

Development Request: Please check all that apply and describe:

[ ] Rezoning:_____

[X] Special Use: Massage Establishment

[ ] Variance:_____

[ ] 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:_____ Phone:_____

Company:_____ Email:_____

[ ] Contractor:_____ Phone:_____

Company:_____ Email:_____

[ ] Architect:_____ Phone:_____

Company:_____ 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.

[redacted]

_____ 9/28/26

Signature of the Applicant Date

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

[redacted]

_____ 10/1/26

Date