



APPLICATION:  
**NON-RESIDENTIAL  
 ZONING REVIEW**

2020 Chestnut Road, Homewood, IL 60430

**PROPERTY INFORMATION**

Street Address: 18019 Dixie Hwy IA Homewood, IL 60430

Property Index Number(s): \_\_\_\_\_

Lot Size: \_\_\_\_\_ sq. ft. \_\_\_\_\_ acres  
*If the subject property is multiple lots, provide the combined area.*

Zoning District:  
 R-1  R-2  R-3  R-4  B-1  B-2  B-3  B-4  M-1  M-2  PL-1  PL-2

Complete this section to determine your required review(s):

Is the subject property more than one lot held in common ownership?

yes  no

→ If yes, lots held in common ownership should be consolidated

A Planned Development is required for development of lots >25,000 sf or located in the B-1 or B-2 Zoning Districts.

**REQUESTED USE**

Requested Use: Beauty Bus

Gross Floor Area: \_\_\_\_\_ sq. ft. Parking Provided: yes

Existing Use: \_\_\_\_\_

The requested use is:

Permitted

Limited

Special

Other:

**SITE OR BUILDING CHANGES**

Existing Development: Retail

Proposed Development Check all that apply. Provide a description and metrics below.  
 New Construction  Addition  Site Alterations  Exterior Building Alterations

Sold Body Butters

Development Metrics	Existing	Proposed
Gross Floor Area (sq. ft.):	_____	_____
Parking Spaces	_____	_____
Lot Coverage	_____	_____
Impervious Area (sq. ft.)	_____	_____
Impervious Coverage (%)	0.0%	0.0%

New construction?

yes  no

→ If yes, requires Site Plan Review

Floor area increase is 20% or more?

yes  no

→ If yes, requires Site Plan Review

Does the applicant elect to proceed as a Planned Development?

yes  no

Is site circulation or parking impacted?

yes  no

→ If yes, requires Site Plan Review

Is site landscaping impacted?

yes  no

→ If yes, requires Site Plan Review

Exterior building alterations?

yes  no

→ If yes, requires Appearance Review

**ZONING RELIEF OR CHANGES**

Zoning Variance or Amendment Describe any requested zoning relief or changes below.  
N/A

The applicant requests:

Variance

Administrative Exception

Zoning Text Amendment

Zoning Map Amendment

APPLICANT

Name Yolie Ivy, Kary Ivy  
 Company Transform Beauty Bar  
 Address 18019 Dixie Hwy, Unit 1A  
Hawthorn IL, 60430  
 Phone (708) 796-4140  
 Email Kary.Ivy@gmail.com  
 Role CEO of Transform Beauty Bar

PROPERTY OWNER

Name \_\_\_\_\_  
 Company Boyd A. Jarrell & Co.  
 Address 441 Dixie Hwy, A10  
Chicago Heights, IL 60411  
 Phone (708) 755-8700  
 Email OfficeJarrell.org  
 Check box if the applicant is the property owner

I acknowledge and attest that:

- » All the information and exhibits submitted with this application are true and accurate to the best of my knowledge;
- » Village representatives are permitted to make reasonable inspections of the subject property necessary to process this application;
- » I agree to pay all required fees;
- » No work may be done without first obtaining a Building Permit. All work shall be completed in accordance with Village Codes and Ordinances.

Kary Ivy  
 Applicant Name

[Signature]  
 Applicant Signature

3/30/26  
 Date

**Staff Notes**

*Do not write below this line.*

Fee: _____ <input type="checkbox"/> Paid	Date Received: _____
CASE NO: _____ REQUEST: _____	
Comments/ Conditions:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied            Date: _____
CASE NO: _____ REQUEST: _____	
Comments/ Conditions:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied            Date: _____
CASE NO: _____ REQUEST: _____	
Comments/ Conditions:	<input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied            Date: _____
This application has zoning approvals and may proceed to obtain Building Permits or a Certificate of Occupancy.	
Name: _____	Signature: _____ Date: _____