



APPLICATION:
**NON-RESIDENTIAL
 ZONING REVIEW**

2020 Chestnut Road, Homewood, IL 60430

PROPERTY INFORMATION

Street Address: 18207 DIXIE HIGHWAY Homewood, IL 60430

Property Index Number(s): _____

Lot Size: 2,173 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: INDOOR CYCLING AND FITNESS CENTER

Gross Floor Area: 2,173 sq. ft. **Parking Provided:** _____

Existing Use: DENTAL OFFICE

The requested use is:

- Permitted
- Limited
- Special
- Other:

SITE OR BUILDING CHANGES

Existing Development: DENTAL OFFICE

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

Development Metrics	Existing	Proposed
Gross Floor Area (sq. ft.):	<u>2,173</u>	<u>2,173</u>
Parking Spaces	_____	_____
Lot Coverage	_____	_____
Impervious Area (sq. ft.)	_____	_____
Impervious Coverage (%)	<u>0.0%</u>	<u>0.0%</u>

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.
REQUESTING A SPECIAL USE PERMIT

The applicant requests:

- Variance
- Administrative Exception
- Zoning Text Amendment
- Zoning Map Amendment

APPLICANT

Name TASHYNA WILLIS
 Company XFA CYCLING & FITNESS CENTER
 Address [REDACTED]
 Phone [REDACTED]
 Email [REDACTED]
 Role MEMBER

PROPERTY OWNER

Name DAVID ALBRECHT
 Company _____
 Address _____
 Phone [REDACTED]
 Email [REDACTED]
 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.

TASHYNA N WILLIS
 Applicant Name

TaShyna Willis
 Applicant Signature

08/29/2023
 Date

Staff Notes

Do not write below this line.

Fee: 150 Paid 9/14/23 Date Received: 9/5/2023

CASE NO: 23-27 REQUEST: Special Use Permit

Comments/Conditions: Approved Approved with Conditions Denied Date: _____

CASE NO: _____ REQUEST: _____

Comments/Conditions: Approved Approved with Conditions Denied Date: _____

CASE NO: _____ REQUEST: _____

Comments/Conditions: Approved Approved with Conditions Denied Date: _____

This application has zoning approvals and may proceed to obtain Building Permits or a Certificate of Occupancy.

Name: _____ Signature: _____ Date: _____