



VILLAGE OF HOMEWOOD

APPLICATION:

NON-RESIDENTIAL ZONING REVIEW

2020 Chestnut Road, Homewood, IL 60430

PROPERTY INFORMATION

Street Address: 18719 S. DIXIE HWY Homewood, IL 60430

Property Index Number(s): 32-06-400-003-0000
32-06-400-004-0000

Lot Size: 1200 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: MASSAGE SPA

Gross Floor Area: 1200 sq. ft. Parking Provided: _____

Existing Use: _____

The requested use is:

- Permitted
- Limited
- Special
- Other: 6/04/20

SITE OR BUILDING CHANGES

Existing Development: _____

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

BUILD WALLS TO SEPARATE ROOMS AND ADD WASHER + DRYER. POSSIBLY ADD SHOWER AND BATHROOM.

Development Metrics	Existing	Proposed
Gross Floor Area (sq. ft.):	<u>1200</u>	_____
Parking Spaces	<u>4-5</u>	_____
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.
MASSAGE SPA

The applicant requests:

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

APPLICANT

Name Fei Li
 Company RELAX MASSAGE
 Address 18719 S. Dixie Hwy
Homewood, AL 36628
 Phone [Redacted]
 Email [Redacted]
 Role owner

PROPERTY OWNER

Name JASON DIAMOND
 Company MEFA Properties
 Address [Redacted]
 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.

Fei Li

Applicant Name

Fei Li

Applicant Signature

6/04/2024

Date

Staff Notes

Do not write below this line.

Fee: _____ Paid

Date Received: _____

CASE NO: _____ REQUEST: _____

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: _____



VILLAGE OF HOMEWOOD

STANDARDS FOR: SPECIAL USE

2020 Chestnut Road, Homewood, IL 60430

Street Address: 18719 S. Dixie Hwy Homewood, IL 60430

Requested Use: MASSAGE SPA Area: 1200 sq. ft.

Business Name: _____

Applicant Name: Fei Li Date: 6/04/24

Provide responses to each question below using complete sentences and specific to the proposed business and selected location.

The Planning and Zoning Commission and Village Board shall consider the following responses to the Standards for a Special Use in evaluating the application. No one is controlling.

1. Is the special use deemed necessary for the public convenience at this location?

Describe why this location is best-suited for your business to serve the community.

ITS ON A MAIN HIGHWAY IN HOMEWOOD, GOOD LIGHTING AT NIGHT, SAFE FOR CUSTOMERS BOTH DAY & NIGHT. GOOD FOR THE OWNER & CUSTOMERS!

2. Is the special use detrimental to the economic welfare of the community?

Will the business have a negative impact on other businesses?

THE BUSINESS WILL BRING IN CUSTOMERS TO OTHER BUSINESS BECAUSE MASSAGE MAKES YOU FEEL GREAT THEREFORE YOU WILL SPEND MONEY ALSO AT OTHER BUSINESS

3. Will the special use be consistent with the goals and policies of the Comprehensive Plan?

Describe how your business fits with the goals and policies summarized on the attached sheet.

FOOT MASSAGE
FULL BODY MASSAGE
SWEDISH MASSAGE - ALL PROFESSIONAL

4. Is the special use so designed, located, and proposed to be operated, that the public health, safety, and welfare will be protected?

Describe any negative impacts, external to your business, that may result from it operating at this location.

NOT THAT WE ARE AWARE OF.

5. Is the special use a suitable use of the property, and will the property will be substantially diminished in value without the special use?

Describe why your business is best-suited for your this property.

MANY PEOPLE REQUIRE MASSAGE. THIS WILL ALSO BRING PEOPLE FROM OTHER SUBURBS & CITIES TO USE THIS LOCATION, SO THE VALUE OF THE PROPERTY SHOULD GO UP.

6. Will the special use cause substantial injury to the value of other property in the neighborhood in which it is located?

Will your business decrease the value of other properties?

NOT AT ALL, IT SHOULD INCREASE THE VALUE.

7. Will the special use be consistent with the uses and community character of the neighborhood surrounding the property?

Describe how your business is compatible with its neighbors.

ITS NOT RELATED TO OTHER BUSINESS

8. Will the special use be injurious to the use or enjoyment of other property in the neighborhood for the purposes permitted in the zoning district?

Describe any negative impacts, external to your business, that may result from it operating at this location.

NONE WHATSOEVER.

9. Will the special use impede the normal and orderly development and improvement of surrounding properties for uses permitted in the zoning district?

Describe any negative impacts, external to your business, that may result from it operating at this location.

NO NEGATIVE IMPACTS, ONLY POSITIVE!

10. Does the special use provide adequate measures of ingress and egress in a manner that minimizes traffic congestion in the public streets?

Describe how will customers get to and from your business.

RIGHT OFF DIXIE HWY. PARK IN PARKING LOT.

11. Is the special use served by adequate utilities, drainage, road access, public safety and other necessary facilities?

A new business going into an existing development, may answer 'no.'

ALL IN GREAT AS FAR AS I KNOW

12. Will the special use substantially adversely affect one or more historical, archaeological, cultural, natural or scenic resources located on the parcel or surrounding properties?

A new business going into an existing development, may answer 'no.'

NO



VILLAGE OF HOMEWOOD
2020 Chestnut Road, Homewood, IL 60430
(708) 798-3000
**BUSINESS OPERATION
CERTIFICATE APPLICATION**

Date received: _____
Date issued: _____

Please complete all applicable sections of this application. Business Inspections will be conducted at least annually.

Date of Application: 6/04/2024 Anticipated Opening Date: 9/1/2024

Check any that apply: New business New owner of existing business Business location change
 Expansion of existing business Business name change

Business Name: x RELAX MASSAGE

Local Business Address: x 18719 S. DIXIE HWY. Suite # X

Business Telephone Number: [REDACTED] -mail: [REDACTED]

Description of Business (product or service offered): MESSAGE SPA

Business Days and Hours of Operation: 7 DAYS 10:00 AM - 9:00 PM

State of Illinois Business Tax number. (Sales Tax No.) x APPLIED ON 6/4/24

Type of Ownership: Individual Partnership _____ Corporation _____ Limited Liability Company _____

Please indicate the address to which invoices should be mailed: _____ Local storefront _____ Corporate office _____

Business Owner's Name: Fei Li Phone: [REDACTED]

Operator's Name: Fei Li Home Phone: () _____

Emergency Contact Fei Li Phone: [REDACTED]
Address: [REDACTED]

NOTE: Additional information on the individuals involved in either the ownership or the operation of the business may be required. If so, you will be advised and supplied with the necessary forms for this additional information.

CORPORATION INFORMATION

Corporate Name: NS/A

Corporate Address: _____ City _____
State _____ Zip _____

Contact Name: _____ Phone # _____

Registered Agent Name: _____
Address _____ City _____
Phone # _____ State _____ Zip _____

PARTNERSHIP OR CO-OWNER INFORMATION (if applicable)

Partner Name: _____ N/R
Partner Address: _____ City _____
Partner Phone: (____) _____ State _____ Zip _____

Square footage of operating and storage areas: 1200 SQ FT Attach floor plan to this application

Number of parking spaces allotted this business 4-5 Locations ON PREMISES

Number of employees (indicate shift with greatest number of full and part-time employees on site) 1-2 AM TO 9 PM

Type of Alarm System: Fire Burglar _____ Hold-up _____ None _____

Is there a fire suppression system? Yes / No

Will there be any remodeling of the premises? Yes / No Will there be any installation of signage? Yes / No

Will any hazardous materials be used or stored on the premises? Yes / No

(If yes, please describe)

Material Safety Data Sheets (MSDS) must be provided to the Fire Department for all such chemicals or materials.

If premises are leased, please provide the following information:

Building Owner's Name: MEGA PROPERTIES / JASON DIAMOND LEASING AGENT

Please check all that apply for your business:

- General Business (\$100 up to 5000 square feet)
- General Business (\$200 over 5000 square feet)
- Food Delivery Vehicle (\$75)
- Food Vending Machine (\$50/machine)
- No. of machines _____
- Tobacco (\$400)
- Liquid Propane Exchange (\$50)
- Coin-Operated (\$75/machine)
- No. of machines _____

NOTE: Food handlers will be charged an additional fee for health inspections to be conducted on the premises during the year.

AFFIDAVIT:

Has the owner, partner, corporate officer or director ever been convicted of the commission of a felony under the laws of the State of Illinois or any other state or federal law of the United States? Yes / No (please circle one)

(If yes, state the case name, number, court, nature of the charge, date of conviction and the sentence received as an attachment.)

I hereby certify that there are no willful misrepresentations in, or falsifications of, the above statements, answers, and attachments. I understand that it is my responsibility to notify the Village of any changes of this application, immediately as they occur.

I understand and agree that I may not open or operate my business until all the necessary inspections have been completed and all the necessary approvals have been granted to me from the Village. _____ initials I understand and agree that no alcohol may be served on-site without the proper licensing. No on-site food preparation without proper licensing. _____ initials

Signature of principal owner(s), partners or corporate president:

Fei Li
Signature

Fei Li - OWNER
Printed name and title

3/19/2024
Date

Signature

Printed name and title

Date

