



APPLICATION: NON-RESIDENTIAL ZONING REVIEW

2020 Chestnut Road, Homewood, IL 60430

PROPERTY INFORMATION

Street Address: 17956 Halsted St. Homewood, IL 60430

Property Index Number(s): _____

Lot Size: 115 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 Therapy

Gross Floor Area: 115 sq. ft. **Parking Provided:** _____

Existing Use: _____

The requested use is:

- ☐ Permitted
☐ Limited
☒ Special
☐ Other:

SITE OR BUILDING CHANGES

Existing Development: Essence Salon Suites

Proposed Development Check all that apply. Provide a description and metrics below.

☐ New Construction ☐ Addition ☐ Site Alterations ☐ Exterior Building Alterations

N/A

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 Jamie Cole
Company Ascential Healing LLC

Role Owner

PROPERTY OWNER

Name _____
Company Essence Salon suites
Address 17956 Halsted St. Homewood, IL 60430

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.

Jamie Cole
Applicant Name

Applicant Signature

07/28/2025
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: _____