

VILLAGE OF ANTIOCH, LAKE COUNTY

Department of Planning, Zoning & Building

Mailing Address: 874 Main Street

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Antioch, Illinois 60002

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FILE NO. PZB 14 05

HEARING DATE MAY 08, 2014

REQUEST FOR PLANNED UNIT DEVELOPMENT AMENDMENT
BEFORE THE COMBINED PLANNING COMMISSION AND ZONING BOARD

VILLAGE OF ANTIOCH, ILLINOIS

(Submit original plus twenty copies)

P E T I T I O N

TO: The Chairperson and Members of the Combined Planning Commission and
Zoning Board of Appeals, Antioch, Illinois.

Petitioners (Names): ANTIOCH B3, LLC
REITAN ARCHITECTS, LLC

WHEREFORE, Petitioner(s) request, pursuant to rules and regulations as stated in 10-15-4 of the Village Code, to hold a public hearing as provided for by Illinois Statute and as a result of said hearing, recommend to the Board of Trustees, Village of Antioch, that the _____ PUD be so amended, as to modify the provisions of Code Sections (_____)

AMENDMENT TO DOUBLE THE SIZE OF THE BUILDING & LOCATE AS SHOWN
IN REVISED PUD MAINTAINING THE SIDE YARD BUFFER YARD
AND REDUCING THE STRUCTURE SETBACK TO 10'-0"

Included with the underlying amendment request and an integral part thereof, is a request for:

A Special Use pursuant to Title 10.

Other - Please describe: SIDE YARD AS NOTED ABOVE

Such an amendment will not adversely affect the public health, safety, or general welfare of the community, and will be in conformity with the Comprehensive Plan in that:

We meet the requirements for the zoning based on F.A.R. and
parking. The proposed building size is within the allowable

square footage.

Other reasons for this request are as follows:

Data of Applicant and Owner:

Name of Applicant(s): REITAN ARCHITECTS, LLC

Address of Applicant(s): 1325 WILEY ROAD - SUITE 106
SCHAUMBURG, IL. 60173
EDWIN REITAN

Phone Day: (847) 519-1227 Phone Evening: (847) 370-1153 cell

Property Interest of Applicant(s):

ARCHITECT FOR THE PROJECT
(Owner, Contract Purchaser, etc.)

Name of Owner(s): ANTIOCH B3, LLC - BILL BARRY

Address of Owner(s): 515 N. STATE STREET #2660
CHICAGO, IL. 60654

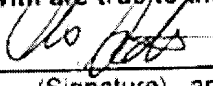
Attorney for the Petitioner:

Phone: () _____

Fax: () _____

I (we) certify that all of the above statements and the statements contained in any papers or plans submitted herewith are true to the best of my (our) knowledge and belief.

APPLICANTS:



(Signature) applicant

4/10/14

date

APPLICANT'S
ATTORNEY:

(Signature) attorney

date