COMMUNITY DEVELOPMENT APPLICATION

Project Name: _____ For Office Use Only Project Number: _____ Date Received: _____

PART I. REQUIRED DOCUMENTATION

- ❑ Completed and signed copy of the COMMUNITY DEVELOPMENT APPLICATION
- ❑ Signed STAFF/CONSULTANT REIMBURSEMENT ACKNOWLEDGEMENT Form
- ❑ Signed CONSENT TO ON-SITE INSPECTION Form
- ❑ MAJOR SITE PLAN REVIEW FEE **$150** (if required)
- ❑ MINOR SITE PLAN REVIEW FEE **$100** (if required)
- ❑ DEVELOPER REIMBURSABLE FEES **TBD during pre-application meeting**
- ❑ All required documentation for MINOR or MAJOR SITE PLAN REVIEW (if required)
- ❑ Proof of Ownership or Option (1 copy)
- ❑ Legal Description of Property
- ❑ Property's Plat of Survey (2 copies)
- ❑ Site Plan showing existing and proposed structures, drawn to scale (2 copies folded)
- ❑ Receipt from Kane-DuPage Soil and Water Conservation District for Land Use Opinion Application

PART II. APPLICANT INFORMATION

NAME OF PROPOSED DEVELOPMENT: South Elgin CGF, Inc.

Applicant Name:

Contact Person: Ross Morreale

Address: 1033 W Van Buren Street, Suite 500

City: Chicago State: IL Zip Code: 60607

Phone: _____ Cell Phone: 312-909-6980

Email: rossmorreale@att.net Fax: _____

Owner:

Contact Person: Armando Delgado

Address: 9550 Firestone Blvd, Suite 105

City: Downey State: CA Zip Code: 90241

Phone: 562-745-2311 Fax: 562-745-2341

Is the Applicant the owner of the subject property? YES ☐ NO ☑

(If not, a letter from the Owner authorizing the Applicant to file the Application must be attached.)

Is the Applicant and/or Owner a Trustee or a Beneficiary of a land trust? YES ☐ NO ☑

(If yes, a disclosure statement identifying each Beneficiary of such land trust by name and address and defining his/her interest therein shall be verified by the Trustee and shall be attached hereto.)

APPLICANT'S EXPERTS

Attorney:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Engineer:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Land Planner:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Architect:

Contact Person: Paul Psenka

Address: 40 Landover Parkway, Suite 4

City: Hawthorn Woods State: IL Zip Code: 60047

Phone: 847-756-4700 Cell Phone: _____

Email: ppsenka@comcast.net Fax: _____

Landscape Architect:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Surveyor:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

Other:

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____ Fax: _____

PART III. PROPERTY INFORMATION

ADDRESS OF PROPERTY: 740 Schneider Drive, Elgin, IL 60177

SUBDIVISION: South Elgin Industrial Park LOT NUMBER: LOTS 1 & 5

PARCEL INDEX NUMBER(S): 06-26-303-008-0000 & 06-26-303-009-0000

AREA OF PARCEL (ACRES): 2.46

LEGAL DESCRIPTION: A legal description must be attached to this application.

PART IV. DESCRIPTION OF PROJECT

The special use requested is to operate a state licensed adult use cannabis craft grow facility in accordance with all state and local laws.

I, South Elgin CGF, Inc., hereby apply for review and approval of this application and represent that the application, requirements thereof, and supporting information have been completed in accordance with the Village of South Elgin Ordinances.

Signature of Applicant

02/04/2020
Date

If you have any questions or comments, please call Community Development at **(847) 741-3894**. The Community Development Department does not require submittal of social security numbers. Black out social security numbers on any documents prior to submittal.

STAFF/CONSULTANT REVIEW REIMBURSEMENT ACKNOWLEDGEMENT

The undersigned hereby acknowledges their obligation to reimburse the Village of South Elgin for the costs incurred by the Village staff and consultants to review the application attached to this Acknowledgement, including all of the supporting documentation and data, plans, specifications, drawings and other information as required by the applicable sections of the South Elgin Unified Development Ordinance. The applicant shall deposit into a specified account with the Village at the time of each application. The amount is determined by the Zoning Administrator.

Further, the undersigned represents themselves as having the authority to incur such obligations on behalf of the owner and/or property.

The undersigned further acknowledges that the Village will deduct from this deposit the costs for reviewing the application by the Village's consultants and Village staff at the rate established for each individual by the Village Board and reimbursable expenses incurred for publication, postage and other actual costs associated with this application.

It is further acknowledged that the Village may demand additional payment(s) if the costs incurred during the review of this application exceed the amount of the deposit accompanying this application and may stay all proceedings thereto until such additional sums are deposited with the Village in accordance with the South Elgin Unified Development Ordinance.

Signature of Applicant or Authorized Agent — Date: 02/04/2020

Ross Morreale
Name (Please Print or Type)

South Elgin CGF, Inc.
Company Name

1033 W Van Buren Street, Suite 500
Address

Chicago | IL | 60607
City | State | Zip Code

South Elgin CGF
Name of Development

06-26-303-008-0000 & 06-26-303-009-0000
Parcel Index Number(s)

This form must be executed and accompany all Unified Development Ordinance changes.
No Application will be accepted or processed without this completed form.