

STAFF REPORT

DATE: October 7, 2024
TO: Zoning Board of Appeals
FROM: Planning Staff
RE: Petition Number: 2024-51
Applicant: Keli Gui
Status of Applicant: Business Owner
Property Owner: D.C. Investment Fund
Location: 3078 Caton Farm Road
Request: A Special Use Permit to allow a massage therapy business

Purpose

The applicant is requesting a special use permit to allow a massage therapy business in a commercial tenant space at 3078 Caton Farm Road. Per the City of Joliet Zoning Ordinance, massage businesses may be allowed as special uses in the B-3 zoning district by the Mayor and City Council, with the advice of the Zoning Board of Appeals in accordance with Section 47-5.2.

Site Specific Information

The tenant space for the proposed business is within the Westriver Crossings commercial center at the southeast corner of Caton Farm Road and Essington Road. The north section of the building and its surrounding parking is approximately 3.4 acres. The tenant space faces Caton Farm Road and is around 1,400 square feet. There are 33 parking spaces in the adjacent lot on the north side of the building; more parking is available on the west side. The property is zoned B-3 (general business).

Surrounding Zoning, Land Use and Character

The tenant space is located within the Westriver Crossings subdivision. The surrounding zoning and land use for the adjacent properties are as follows:

- North: Will County R-3 (single-family residence), residential
- South: B-3 (general business), commercial
- East: R-B (restricted business), professional offices
- West: B-3 (general business), commercial

Applicable Regulations

- Section 47-13.2A (H) Special Uses – B-3 District
- Section 47-5.2 (C) Criteria for issuance of a Special Use Permit (refer to attachment)

Discussion

The petitioner and business owner, Keli Gui, is requesting approval of a special use permit to allow a massage therapy business in the tenant space at 3078 Caton Farm Road. The petitioner would be the only massage therapist on staff at this time. The petitioner has an active massage therapy license from the state of Illinois and has been licensed as a massage therapist since 2014. They have already completed and passed the background check that is required as part of their City business license application.

The tenant space is approximately 1,400 square feet and is part of a multi-tenant commercial building that contains uses such as a grocery store, restaurant, and hair salon. There is sufficient parking for all building tenants in the adjacent parking lot. The proposed hours of operation are Tuesday through Sunday 10 AM to 8:30 PM. A floor plan and business license application are attached.

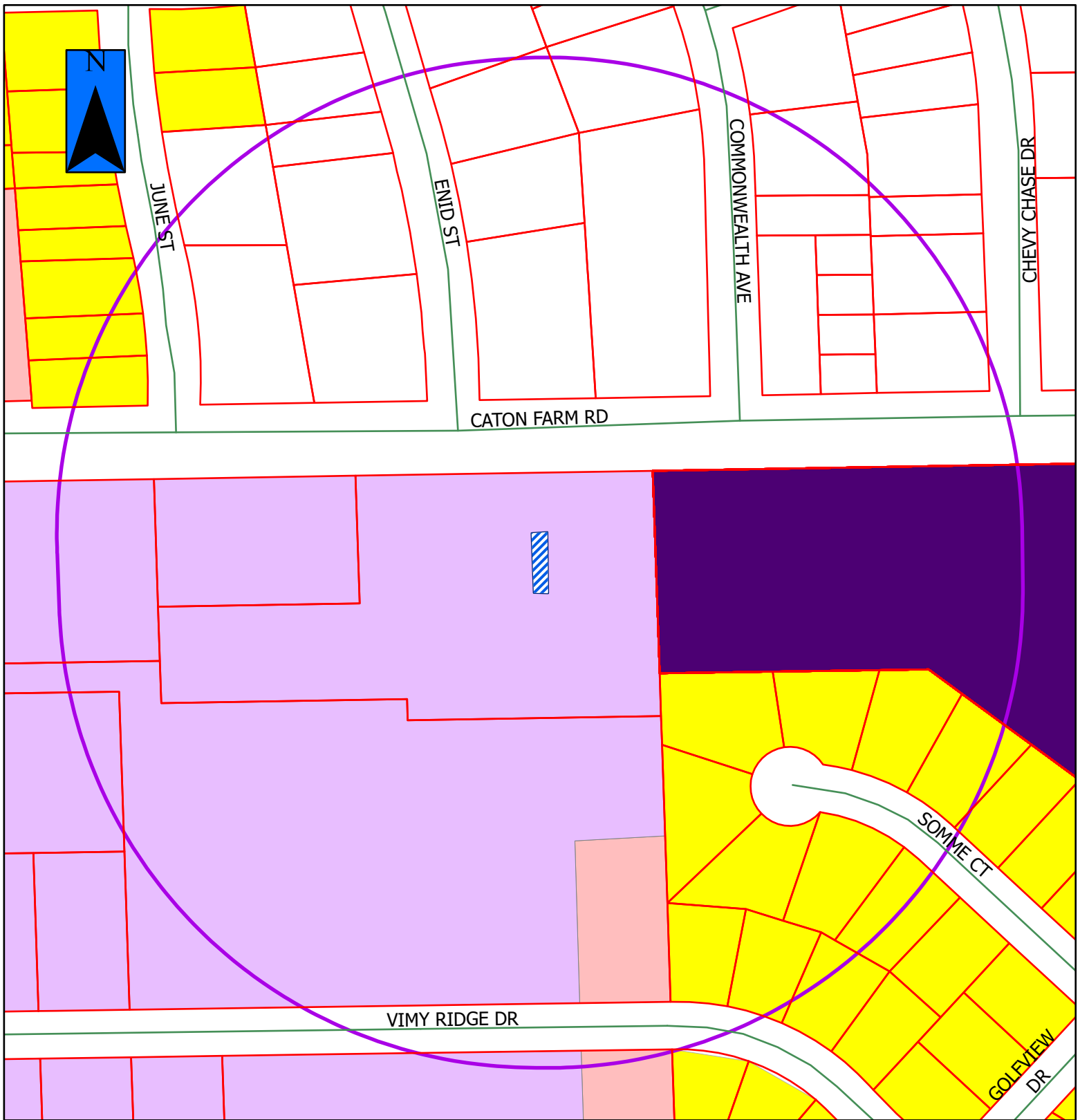
The proposed business is located in a commercial subdivision with various retail and service uses. The massage therapy business will not be harmful to or impede the use and development of other businesses and operations within the area.

Conditions

If the Zoning Board desires to approve the Special Use Permit to allow a massage therapy business, located at 3078 Caton Farm Road, the following conditions would be included:

1. That a City business license shall be obtained;
2. That the Special Use granted shall herein terminate and lapse unless a building permit or certificate of occupancy is obtained not later than 180 days of the effective date of this ordinance and the erection or alteration of a building is started or the use is commenced within such period. The Board may grant an extension of this period, valid for no more than one hundred and eighty (180) additional days, upon written application and good cause shown without notice or hearing. Whether or not there is an intention to abandon the Special Use, if any special use is discontinued for a continuous period of one year, or if an intent to abandon the Special Use is evident in a shorter period of time, the Special Use for such use shall become void, and such use shall not thereafter be reestablished unless a new Special Use Permit is obtained; and

3. Should the property be declared a public nuisance, it shall be subject to a rehearing and a possible revocation of the Special Use Permit.



2024-51



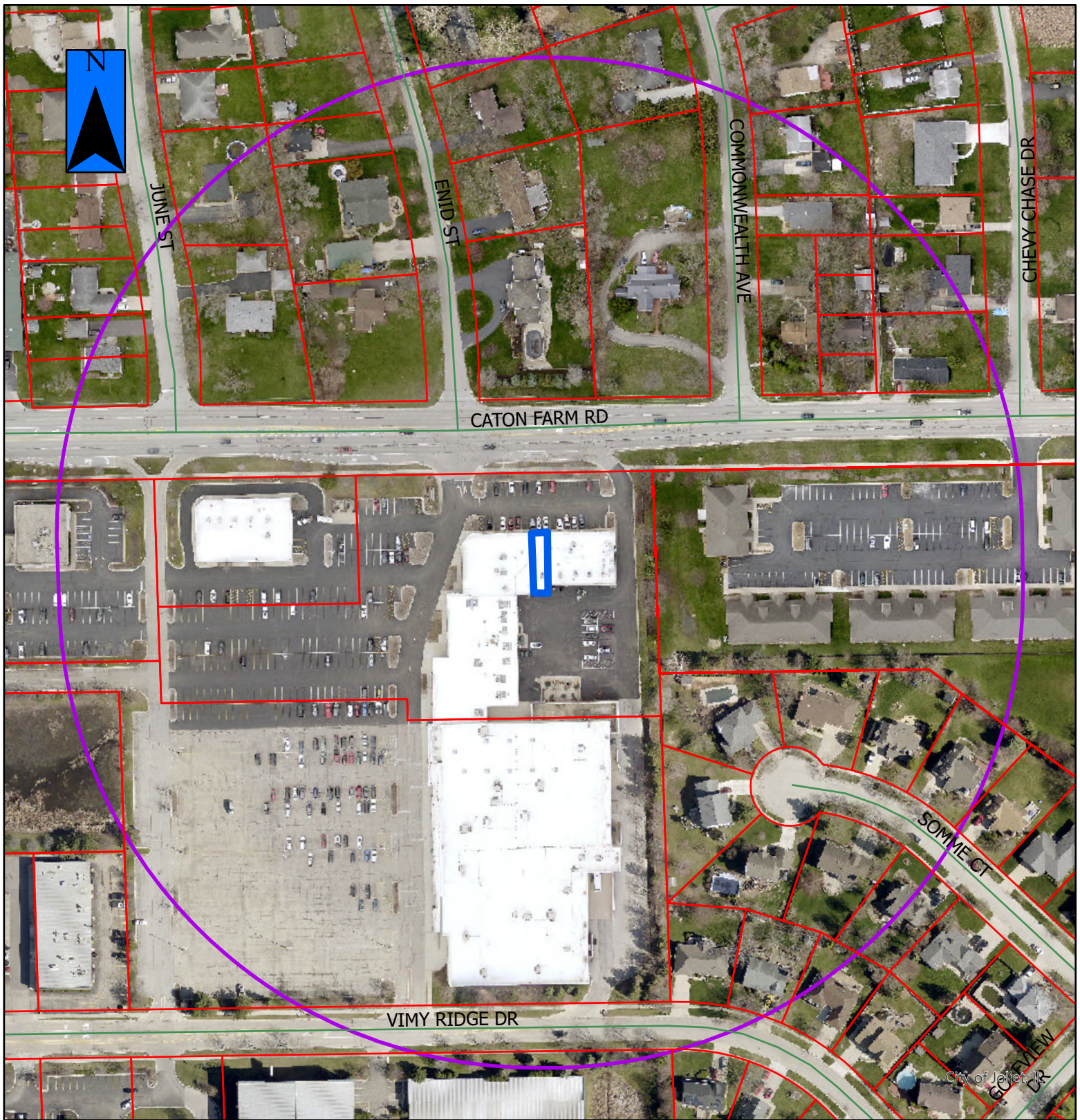
= Property in Question



= 600' Public Notification Boundary

Legend

	B-1		I-TA		R-2
	B-2		I-TB		R-2A
	B-3		I-TC		R-3
	I-1		R-1		R-4
	I-2		R-1A		R-5
	I-T		R-1B		R-B



2024-51a





-  = Property in Question / Propiedad en cuestión
-  = 600' Public Notification Boundary / Límite de notificación pública de 600 ft (180 m)

Figure 1: Westriver Crossings Subdivision at the southeast corner of Caton Farm Road and Essington Road (2024)

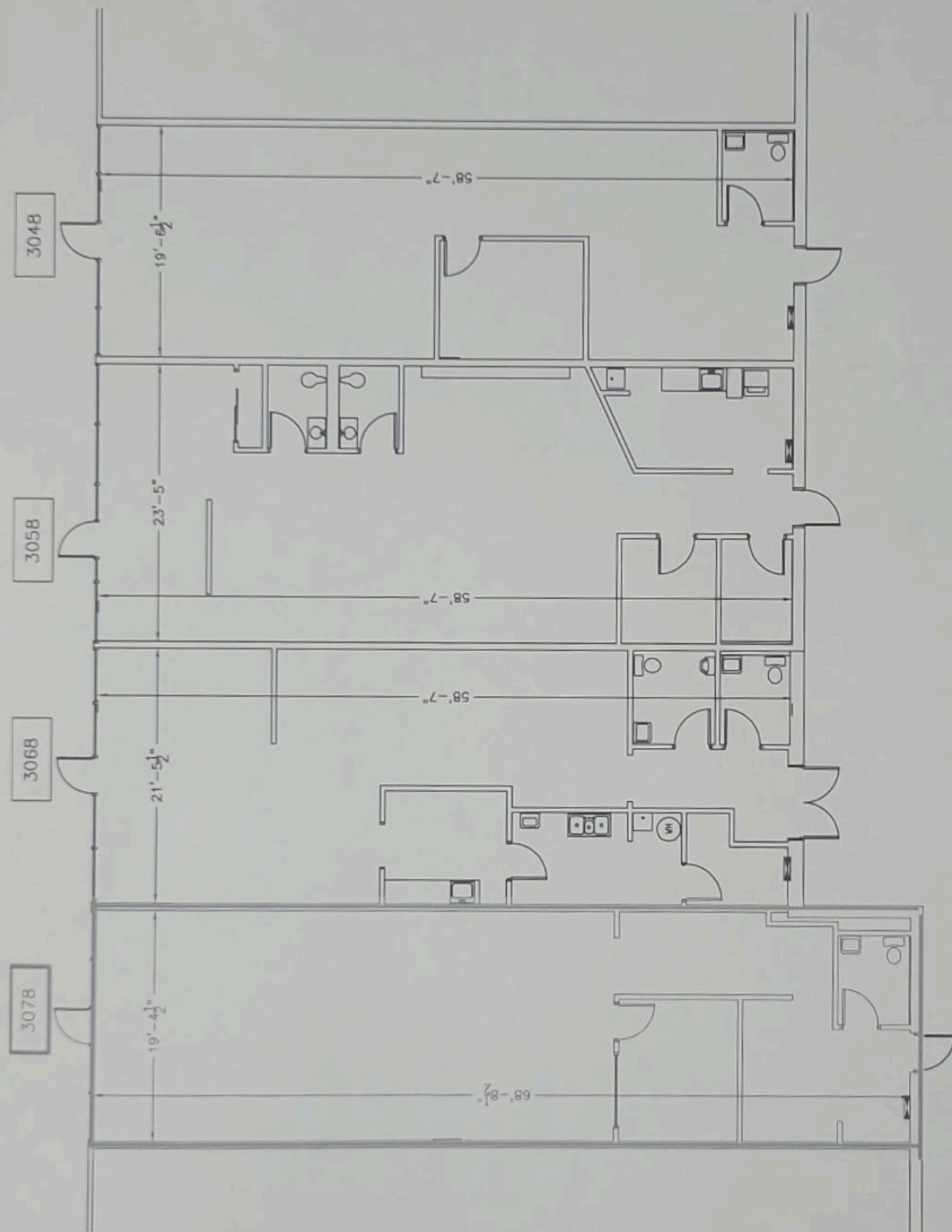


Figure 2: 3038 – 3078 Caton Farm Road, view south from Caton Farm Road (May 2023)



Figure 3: Tenant space at 3078 Caton Farm Road (October 2024)





03/21/24



3048-3078 Caton Farm Rd.
Joliet, Illinois 60435

As-Built



FOR OFFICE USE ONLY

***Verified by Planner (please initial): _____ ***

Payment received from: _____

Petition #: _____

Common Address: _____

Date filed: _____

Meeting date requested: _____

ZONING BOARD OF APPEALS
JOLIET, ILLINOIS
PETITION FOR SPECIAL USE PERMIT

City of Joliet Planning Division, 150 W. Jefferson St., First Floor, South Wing, Joliet, IL 60432
Phone (815)724-4050 Fax (815)724-4056

ADDRESS FOR WHICH SPECIAL USE IS REQUESTED: 3078 Caton Farm Rd , Joliet, IL 60435

PETITIONER'S NAME: Keli Gui

HOME ADDRESS: 1422 woodbridge road, 3c, Joliet, IL ZIP CODE: 60436

BUSINESS ADDRESS: 3078 Caton Farm Rd , Joliet, IL ZIP CODE: 60435

PHONE: (Primary) 9179630920 (Secondary) 6462495517

EMAIL ADDRESS: Ainewang@hotmail.com FAX: _____

PROPERTY INTEREST OF PETITIONER: Tenant

OWNER OF PROPERTY: D.C Investment Fund

HOME ADDRESS: _____ ZIP CODE: _____

BUSINESS ADDRESS: 2575 Flores street, 2nd Floor, San Mateo ZIP CODE: 94403

EMAIL ADDRESS: Khughes@suburbanrealestate.com FAX: _____

Any use requiring a business license shall concurrently apply for a business license and submit a copy with this petition. Additionally, if this request is for operation of a business, please provide the following information:

BUSINESS REFERENCES (name, address, phone):

OTHER PROJECTS AND/OR DEVELOPMENTS:

PERMANENT INDEX NUMBER (TAX NO. OR P. I. N.): _____;
_____;

Property Index Number/P.I.N. can be found on tax bill or Will County Supervisor of Assessments website

LEGAL DESCRIPTION OF PROPERTY (attached copy preferred):

The Westriver Crossing Shopping Center located in Joliet, Illinois, the legal description of which is is Lot B in West River

Crossings, being a subdivision of part of the northwest 1/4 of section 36, north, range 9, east of the third

principal meridian according to the plat thereof recorded July 15, 1998 as document number r98-8095 Will county Illinois

LOT SIZE: WIDTH: 19 DEPTH: 68 AREA : 1400 sqft

PRESENT USE(S) OF PROPERTY: Vacant commercial space

PRESENT ZONING OF PROPERTY: B-3

SPECIAL USE REQUESTED: Massage therapy

The Zoning Board of Appeals is authorized to grant a special use permit provided the applicant establishes by clear and convincing evidence:

- (1) That the establishment, maintenance, or operation of the special use will not be detrimental to or endanger the public health, safety, morals, comfort, or general welfare; and
- (2) That the special use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish and impair property values within the neighborhood; and
- (3) That the establishment of the special use will not impede the normal and orderly development and improvement of surrounding property for uses permitted in the district; and
- (4) That adequate utilities, access roads, drainage, and/or other necessary facilities have been or will be provided; and
- (5) That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets; and
- (6) That the special use shall in all other respects conform to the applicable land use regulations of the district in which it is located and shall not be in violation of any other applicable law, ordinance or regulation; and
- (7) At least one (1) year has elapsed since any denial of any prior application for a special use permit that would have authorized substantially the same as all or part of the sites, unless conditions in the area have substantially changed.

Please describe how this request meets the criteria by responding to the following questions in your own words.

1. How will the establishment, maintenance, or operation of the special use affect the public health, safety, morals, comfort, or general welfare?

This massage therapy will positively affect public health by providing service that promote physical well-being. The clinic will strictly adhere to health and safety regulations, ensuring a clean and safety secure environment for clients and staff. We will maintain the highest standards of professionalism, offering only legitimate therapeutic massage service in accordance with state and local regulations.

2. How will the special use impact properties in the immediate area? The massage therapy clinic will have a minimal impact on surrounding properties. The clinic will operate during regular business hours, Reducing noise and traffic disruptions.

3. Will the use impede the normal/orderly development/improvement of surrounding property?

No, the massage therapy clinic will not impede the normal or orderly development and improvement of surrounding propertie.

The clinic will be designed to complement the existing character of the area, and it's operation will align with the current Business environment.

4. Are adequate utilities, access roads, drainage, and/or other necessary facilities provided?

Yes, the property has all necessary utilities, access roads, and drainage systems in place.

These facilities are maintained to meet local regulations and support the clinic's operation effectively.

5. Have adequate measures been taken to provide ingress/egress design to minimize traffic congestion in public streets?

Yes, adequate measures have been taken to ensure effective ingress and egress design, minimizing traffic congestion on public streets.

6. Does the use conform to the applicable land use regulations of the district in which it is located and does it violate any other applicable law, ordinance or regulation?

Yes, the use conforms to the applicable land use regulations of the district and does not violate any other laws, ordinances, or regulations.

7. Has at least one (1) year elapsed since any denial of any prior application for a special use permit that would have authorized substantially the same as all or part of the sites (unless conditions in the area have changed substantially)?

No, I don't have any other application in Illinois and other states.

REQUIRED SUPPORTING ATTACHMENTS

- Site plan / concept plan / floor plan / building elevation plan
- Joliet Ownership Disclosure form
- Business license application (if applicable)

NOTARIZATION OF PETITION

STATE OF ILLINOIS) ss
COUNTY OF WILL)

I, Keli Gui, depose and say that the above statements are true and correct to the best of my knowledge and belief. I agree to be present in person or by representation when this petition is heard before the Zoning Board of Appeals.

Gwi Keli
Petitioner's Signature

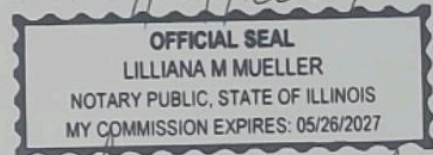
[Signature]
Owner's Signature
(If other than petitioner)

Subscribed and sworn to before me
this 04 day of September, 2024

Keli Gui

Lilliana M. Mueller

09/04/2024



Lilliana M. Mueller

CITY OF JOLIET OWNERSHIP DISCLOSURE FORM

The City of Joliet requires that applicants for zoning relief, subdivision approval, building permits and business licenses disclose the identity of all persons having an ownership interest in the business and the real property associated with the application. A copy of this form must be completed and submitted with other application materials. Failure to properly complete and submit this form may result in the denial of the application.

I. INFORMATION ABOUT THE APPLICATION

This form is submitted as part of an application for the following (check all that apply):

- Rezoning, Special Use Permit, Variation, or Other Zoning Relief (Complete Sections II and III)
- Preliminary Plat, Final Plat, or Record Plat of Subdivision (Complete Sections II and III)
- Building Permit (Complete Sections II and III)
- Business License (Complete All Sections)

II. INFORMATION ABOUT THE PROPERTY

The address and PIN(s) of the real property associated with this application are:

3078 Caton Farm Rd , Joliet, IL

PIN(s): 06-03-36-102-024-000

III. PROPERTY OWNERSHIP

Select the type of owner of the real property associated with this application and fill in the appropriate contact information below:

- Individual:** State the names, addresses, and phone #'s of the individual owner(s)
- Corporation:** State the names, addresses, and phone #'s of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders
- Limited Liability Company:** State the names, addresses, and phone #'s of all members of the company along with the percentage of ownership held by each member
- Land Trust:** State the names, addresses, and phone #'s of the trustee(s) and all beneficiaries
- Partnership:** State the names, addresses, and phone #'s of all partners
- Other type of organization:** State the names, addresses, and phone #'s of all persons having a legal or equitable ownership interest in the organization or the right to direct the affairs of the organization

3078 Caton Farm Rd , Joliet, IL 60435

E-MAIL: Khughes@suburbanrealestate.com

FAX: _____

IV. BUSINESS OWNERSHIP

If the owner of the business is different than the owner of the real property associated with the application, then the following information must be provided:

Select the type of business owner associated with this application and fill in the contact information below:

- Individual:** State the names, addresses, and phone #'s of the individual owner(s)
- Corporation:** State the names, addresses, and phone #'s of all persons holding 3% or more of the stock of the corporation and the percentage of shares held by such stockholders
- Limited Liability Company:** State the names, addresses, and phone #'s of all members of the company along with the percentage of ownership held by each member
- Partnership:** State the names, addresses, and phone #'s of all partners
- Other type of organization:** State the names, addresses, and phone #'s of all persons having a legal or equitable ownership interest in the organization

1422 wood bridge street, 3c, Joliet, IL 60436

E-MAIL: Ainewang@hotmail.com FAX: _____

NOTE:
If a stockholder, member, beneficiary or partner disclosed in Section III or Section IV is not an individual, then the individuals holding the legal or equitable title to the real property or business associated with the application must also be disclosed. For example, if the real property associated with an application is owned by a land trust, and the beneficiary of the land trust is a limited liability company, then the members of the limited liability company must be disclosed. If one of the members of the limited liability company is a partnership, then the identity of the partners must be disclosed. If one of the partners is a corporation, then all persons owning 3% or more of the issued stock must be disclosed.

SIGNED: _____

DATE: _____

Name, Title, and Telephone Numbers of Person Completing and Submitting This Form:

PRINT



2024 GENERAL BUSINESS LICENSE APPLICATION

Office of the City Clerk - Business Services
150 West Jefferson Street
Joliet, Illinois 60432
Office 815-724-3905 Fax 815-724-3904
Email: businessservices@joliet.gov Website: <http://www.joliet.gov>

Office Use Only:
Date Received: _____
Date Issued: _____
Business Account ID: _____

This application pertains to the following type of businesses: Auctioneer; Billiard Hall/Pool Hall; Bowling Alley; Broker; Dry Cleaner; Food Service Establishment; Food Store; Gasoline Station; Hotel/Motel; Massage Salon; Nursing Home; Paint Sale/Paint Application; Pet Shop Operator; Public Amusement; Public Garage; Tattoo Artist; Tattoo Shop; Warehouse, Weapons Dealer; Wholesale Purveyor of Food.

Please print legibly. All information and supplemental requirements must be completed and submitted. **Incomplete forms will be returned.** Please allow a *minimum* of twenty (20) business days for process and review prior to opening.

Proposed Opening Date: 10/08/2024 Date Opened: _____

LOCAL BUSINESS INFORMATION

Business Name (DBA): Ocean Massage Store Number: _____

Business Address: 3078 caton farm road

City: Joliet State: Illinois Zip Code: 60435

Business Phone Number: _____ Fax Number: _____

Location Manager/Supervisor Name: Keli Gui

Home Address: 1422 woodbridge road 3c, Joliet, Illinois,60436

Cell Phone Number: 9179630920 E-mail Address: Ainewang@hotmail.com

CORPORATE/ BUSINESS OWNERSHIP INFORMATION

Corporate Name: _____

Contact Name: _____

Corporate Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____ Website: _____

Federal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): _____

State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): _____

Mailing address for all correspondence: Local Business: _____ Corporate: _____

BUSINESS OWNERSHIP INFORMATION

Provide the following information regarding how the business was created and is owned:

X Individual ___ Partnership ___ Limited Liability Corporation (LLC) ___ Private Limited Company (LTD) ___ Corporation

List all owner(s) information below and add a second sheet if necessary:

Name: Gui, Keli Title: _____
Home Address: 1422 woodbridge road apt 3C
City: Joliet State: Illionis Zip Code: 60436
Cell #: 917-963-0920 Email: Ainewang@hotmail.com % of Ownership: 100%


Name: _____ Title: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Cell #: _____ Email: _____ % of Ownership: _____

Name: _____ Title: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Cell #: _____ Email: _____ % of Ownership: _____

I hereby certify that the information provided in this application is true and correct to the best of my knowledge and that I have not provided false or misleading information. I understand that the failure to supply adequate or correct information will be subject to suspension or revocation of the City of Joliet business license.

Gui, keli
Name of applicant (print)


Signature of applicant

Title of applicant

08/07/2024
Date

GENERAL BUSINESS LICENSE WORKSHEET

Check all uses that apply. Any additional information must be submitted.

_____ **Auctioneer** – submit copy of Illinois license

Number of auctioneers: _____

Number of assistants: _____

_____ **Broker**

Bonds: _____ Grain: _____ Merchandise: _____

Negotiable Paper: _____ Produce: _____

Stocks: _____

_____ **Dry Cleaners**

On-site plant: Yes _____ No _____

Home delivery: Yes _____ No _____

_____ **Food Service Establishment**

(Restaurants) – must also complete Food Store Section & submit Health Department

Certificate (Any place in which food or drink is prepared for sale or for service on the premises or elsewhere or any operation where food is served or provided for the public with or without a charge.)

Total seating capacity: _____

Home delivery: Yes: _____ No: _____

Number of outdoor seats: _____

_____ **Food Store** – submit Health Department

Certificate (Any place where food, including beverages, intended for human consumption off the premises, is manufactured, produced, prepared, handled, transported, sold or offered for sale).

Total number of employees: _____

Home delivery: Yes: _____ No: _____

_____ **Gasoline Station**

Number of service hoses: _____

Number of underground storage tanks: _____

Total Number of gallons stored: _____

_____ **Hotel/Motel**

Number of rooms available: _____

_____ **Massage Business**

Number of masseuses on staff: 1 _____

_____ **Nursing Home** – submit proof of

Administrator License and Illinois License

Type of facility: _____

Number of beds: _____

_____ **Paint Sales/Application**

Containers one pint in size or less:

Yes _____ No _____

Containers one pint in size or more:

Yes _____ No _____

Is paint applied on the premises?

Yes _____ No _____

_____ **Pet Shop Operator** – Submit Pet Shop

Operator License issued by State of IL

_____ **Public Amusement** – Submit Certificate

of Insurance Naming the City of Joliet as Additional Insured

_____ **Public Garage**

Number of service bays: _____

_____ **Tattoo Artist** – submit medical papers and

Bloodborne Pathogen Training Certificate

_____ **Tattoo Shop** – submit Illinois Certificate of

Registration and Certificate of Insurance

Number of tattoo artists on premise: _____

_____ **Warehouse**

_____ **Weapons Dealer** - submit copies of

Federal Weapons Dealer's Number and

State of Illinois F.O.I.D. Number

_____ **Wholesale Purveyor of Foods**

Describe commodities delivered: _____

Number of vehicles delivering: _____

Do you have a location within the city limits of the City of Joliet? Yes _____ No _____

BUSINESS OPERATION INFORMATION

General Description/Purpose of Business: Promoting relaxation, pain relief, improving circulation

Gross Square Footage of Business Location: 1400 sqft

Total Number of Employees at Location (include family members): 1

Days of Week and Hours of Operation at Location: Tuesday-Sunday, 10:00-20:30

Do you want your business information listed on the City of Joliet's website and/or the city's tourism website at www.visitjoliet.com? Yes No

Is the Business Located in a Stand-Alone Structure? Yes No

If no, name of center: Westriver crossing shopping center

Does the Business Own the Building? Yes No If no, complete the following:

Owner Name: D.C Investment Fund

Owner Address: 2575 Flores street, 2nd Floor

City: San Mateo State: CA Zip Code: 94403

Cell Phone Number: 6505448788

Does or will the Business have a Joliet Liquor License? Yes No

Does the Business buy, sell, or accept used merchandise? Yes No

If yes, the Antique Dealers, Itinerant Merchants, Pawn Brokers and Second Hand Dealers Application must be completed

Are Hazardous Materials Stored on Site? Yes No If yes, provide MSD Sheets to the Joliet Fire Department

Does the Business have an Alarm System? Yes No If yes, must register with the Joliet Police Department

Name of Alarm System Monitoring Company: _____

Are there any food/ beverage vending machines, gaming machines, amusement machines, or a market pantry on the property? Yes No

Provide vending/market pantry vendor information below:

Vending Company: _____ Office Number: _____

Contact Name: _____ Cell Phone Number: _____

ZONING BOARD OF APPEALS
CRITERIA FOR SPECIAL USES

Section 47-5.2 (C) of the Zoning Ordinance states:

A special use permit shall not be granted unless the applicant establishes by clear and convincing evidence:

	Does the evidence presented sustain this criteria?	Comments
(1) That the establishment, maintenance or operation of the special use will not be detrimental to or endanger the public health, safety, morals, comfort, or general welfare; and		
(2) That the special use will not be injurious to the use and enjoyment of other property in the immediate vicinity for the purposes already permitted, nor substantially diminish and impair property values within the neighborhood; and		
(3) That the establishment of the special use will not impede the normal and orderly development and improvement of surrounding property for uses permitted in the district; and		
(4) That adequate utilities, access roads, drainage, and/or other necessary facilities have been or will be provided; and		
(5) That adequate measures have been or will be taken to provide ingress and egress so designed as to minimize traffic congestion in the public streets; and		
(6) That the special use shall in all other respects conform to the applicable land use regulations of the district in which it is located and shall not be in violation of any other applicable law, ordinance or regulation; and		
(7) At least one (1) year has elapsed since any denial of any prior application for a special use permit that would have authorized substantially the same as all or part of the sites, unless conditions in the area have substantially changed.		