

## **STAFF REPORT**

**DATE:** April 5, 2024  
**TO:** Zoning Board of Appeals  
**FROM:** Planning Staff  
**RE:** Petition Number: 2024-10  
Applicant: GoPermit, Inc (agent for Ascension Saint Joseph)  
Owner: Provena St. Joseph Medical Center  
Location: 333 Madison Street  
Request: Variation to increase the maximum height from 20 feet to 57 feet for a wall sign

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### **Purpose**

The petitioner is requesting a variation to increase the maximum sign height in the R-B (restricted business) district from 20 feet to 57 feet to allow a wall sign for Ascension Saint Joseph medical center. The sign is for the “Jay & Lori Bergman Heart Hospital.” The Zoning Board of Appeals makes the final decision on this variation request.

### **Site Specific Information**

The property is located on the south side of Glenwood Avenue between Madison Street and Springfield Avenue and contains the Ascension Saint Joseph hospital. The proposed sign would be located on the north face of the hospital, facing Glenwood Avenue. The property is zoned R-B (restricted business) district.

In 2008, the Zoning Board approved a variation to increase the sign height for two signs on the property: they approved a sign height of 33 feet for the “Emergency” sign at the northwest corner of the building; and they approved a sign height of 109 feet for the hospital name sign, located along the top of the west side of the building facing Springfield Avenue.

### **Surrounding Zoning, Land Use and Character**

The parcel is most of the entire block between Glenwood Avenue and Oneida Street on the north and south, and Madison Street and Springfield Avenue on the east and west. The zoning and land use for the properties adjacent to this block are as follows:

- North: R-4 (multi-family residential) and R-2 (single-family residential), residential and medical offices
- South: B-1 (neighborhood business) and R-5 (multi-family residential), residential

- East: R-B (restricted business), medical uses
- West: R-B and B-1 (neighborhood business), professional offices

### **Applicable Regulations**

- Section 47-17.21 Signs
- Section 47-17.21(3)(bb) Criteria for Granting a Sign Variation  
(refer to attachment)

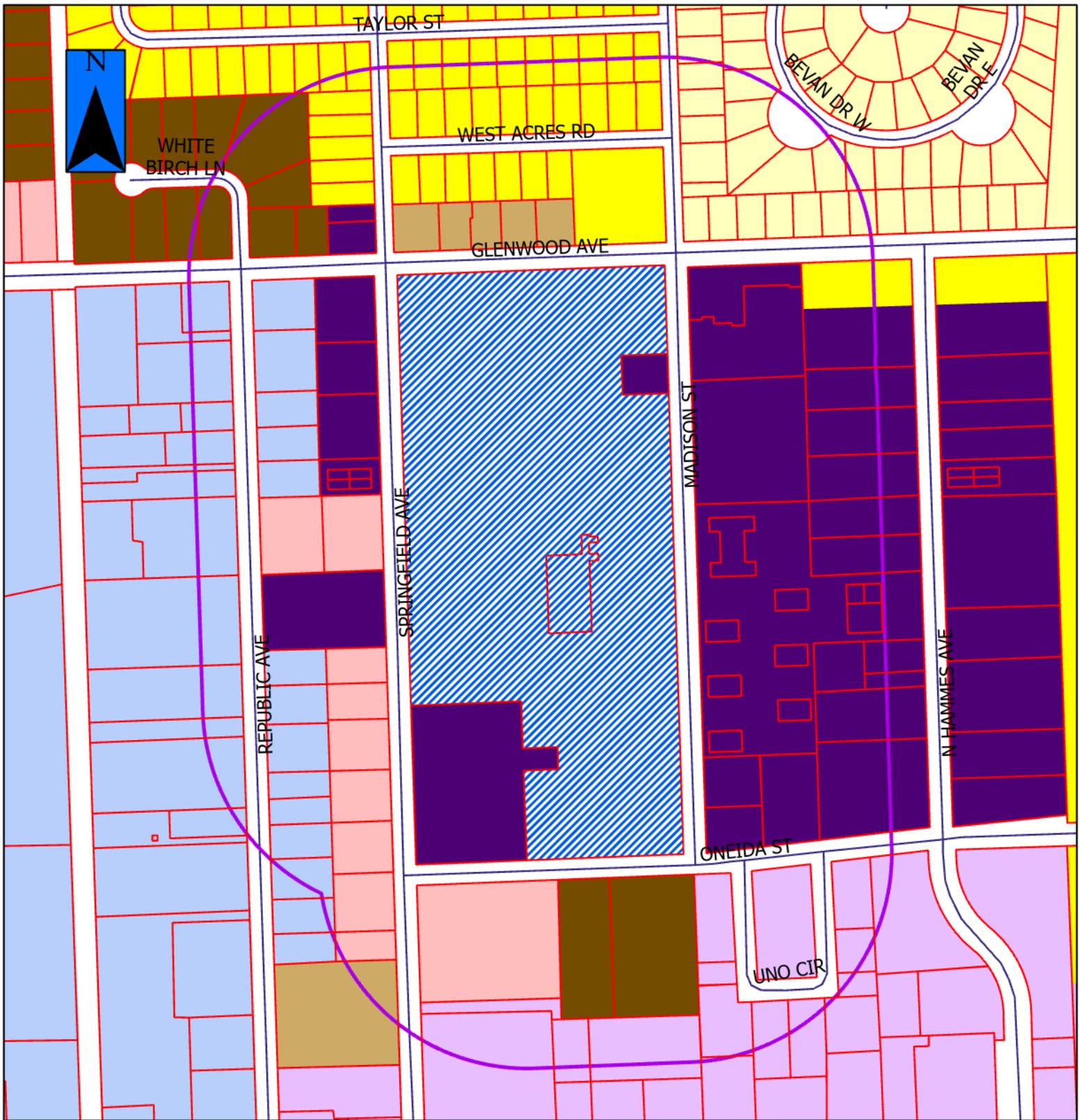
### **Discussion**

The petitioner, GoPermit, Inc., seeks to install a wall sign at Ascension Saint Joseph medical center that exceeds the maximum height allowed in the R-B district. The sign, which is for the “Jay & Lori Bergman Heart Hospital,” would be located near the top of the north face of the hospital, at a height of 57 feet. The sign would have 2.5-foot-high letters and an area of approximately 169 square feet.

The hospital is a large multi-level building with varying wall heights along its façade. The placement of this sign would allow patrons to navigate the hospital campus and locate the correct entrance for this hospital unit. The requested height variation is similar to what was previously approved for the “emergency” and hospital name wall signs and will not be out of character with the overall medical campus.

### **Conditions**

None

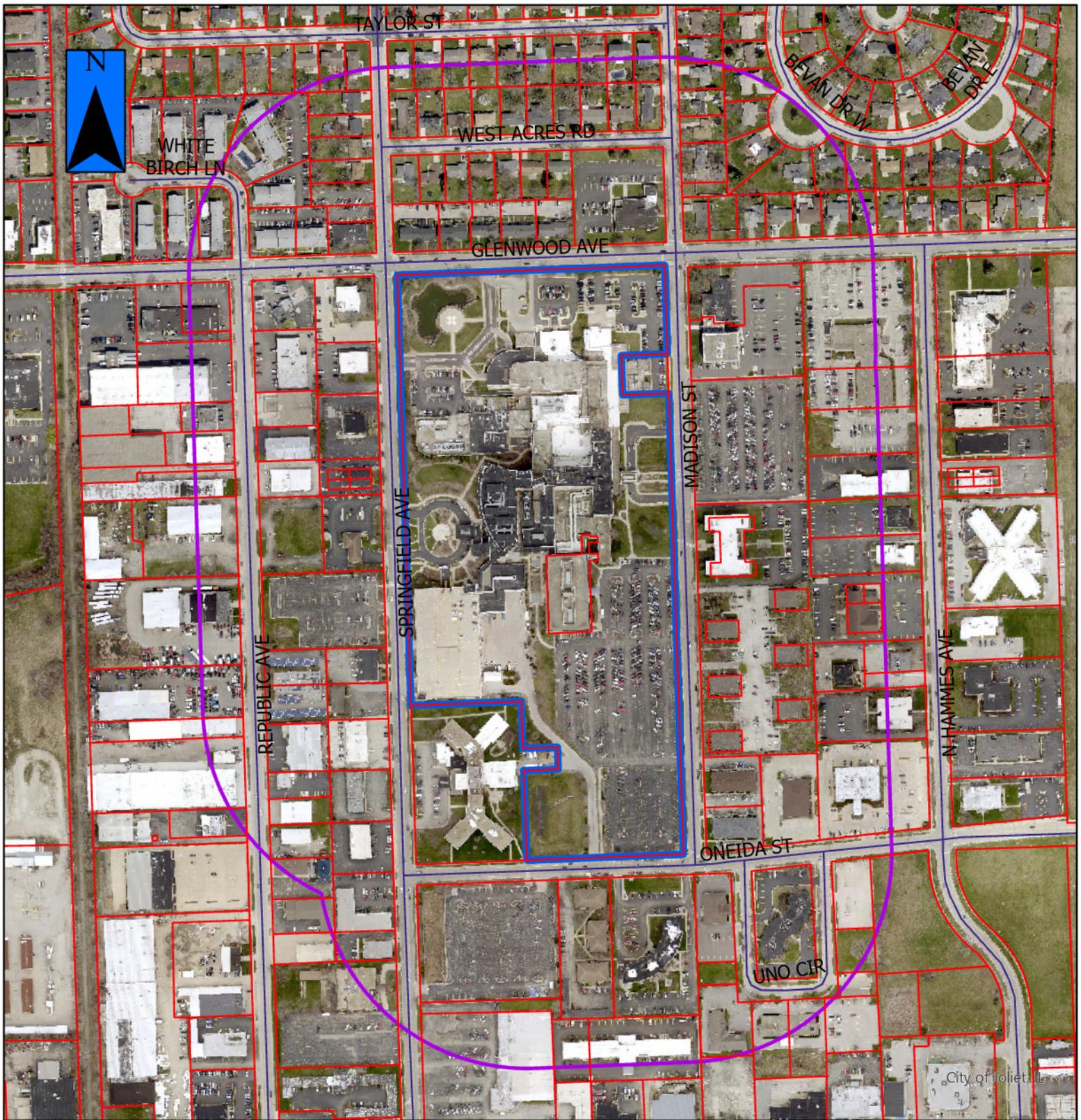


**2024-10**



 = 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



**2024-10a**



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

Figure 1: North side of hospital, view south from Glenwood Avenue (April 2024)



Figure 2: EMERGENCY sign at northwest corner of the building - height of 33 feet (May 2023)

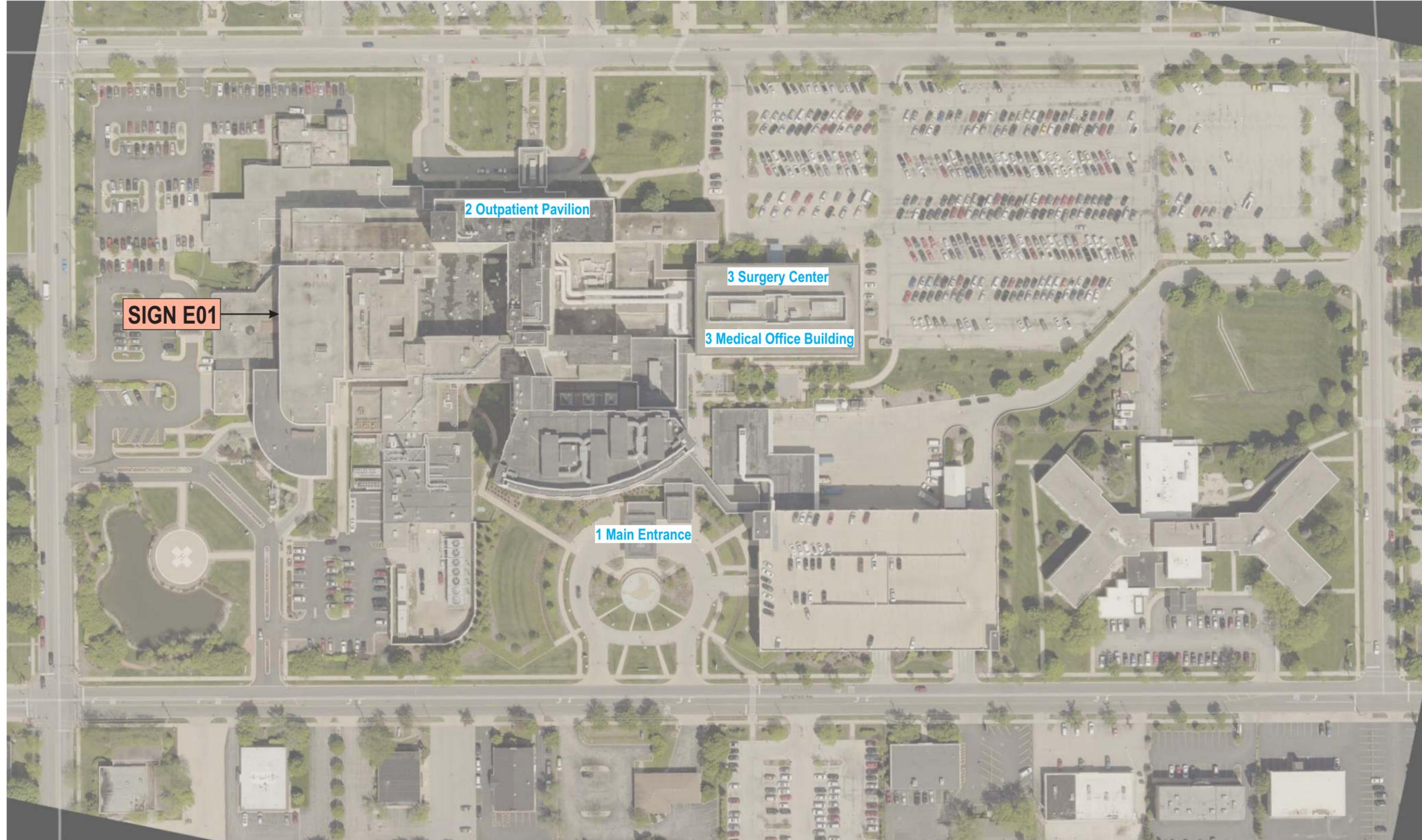


Figure 3: Hospital name sign on west side of hospital – height of 109 feet (May 2023)



# SITE PLAN

Scale: NTS



# Stratus®

stratusunlimited.com  
 8959 Tyler Boulevard  
 Mentor, Ohio 44060  
 888.503.1569

CLIENT:  **Ascension**  
 ADDRESS: 333 MADISON ST.  
 JOLIET, IL 60435  
 PAGE NO.: **2**

ORDER NUMBER: 1173345  
 PROJECT NUMBER: 4491  
 SITE NUMBER: 1007  
 PROJECT MANAGER: FELICIA MARINAN  
 ELECTRONIC FILE NAME: K:\ACCOUNTS\IAASCENSION\LOCATIONS\2022\IL\Joliet\_333\_Madison\_St\333\_Madison\_St\_Joliet\_Saint\_Joseph\_Jay\_Lori\_R3.cdr

Rev #	Req #	Date/Artist	Description	Rev #	Req #	Date/Artist	Description
Original	377390	04/06/22 KWK					
Rev 1	461886	01/31/24 CR					
Rev 2	462374	02/02/24 CR					
Rev 3	467101	03/11/24 CR					

PRINTS ARE THE EXCLUSIVE PROPERTY OF STRATUS. THIS MATERIAL SHALL NOT BE USED, DUPLICATED, OR OTHERWISE REPRODUCED WITHOUT THE PRIOR WRITTEN CONSENT OF STRATUS.

E01

# FACE LIT CHANNEL LETTERS - FLUSH MOUNT - WHITE

Scale: 1/16"=1'-0"

EXISTING SIGN SF:	N/A
PROPOSED SIGN SF:	168.9

## EXISTING CONDITIONS

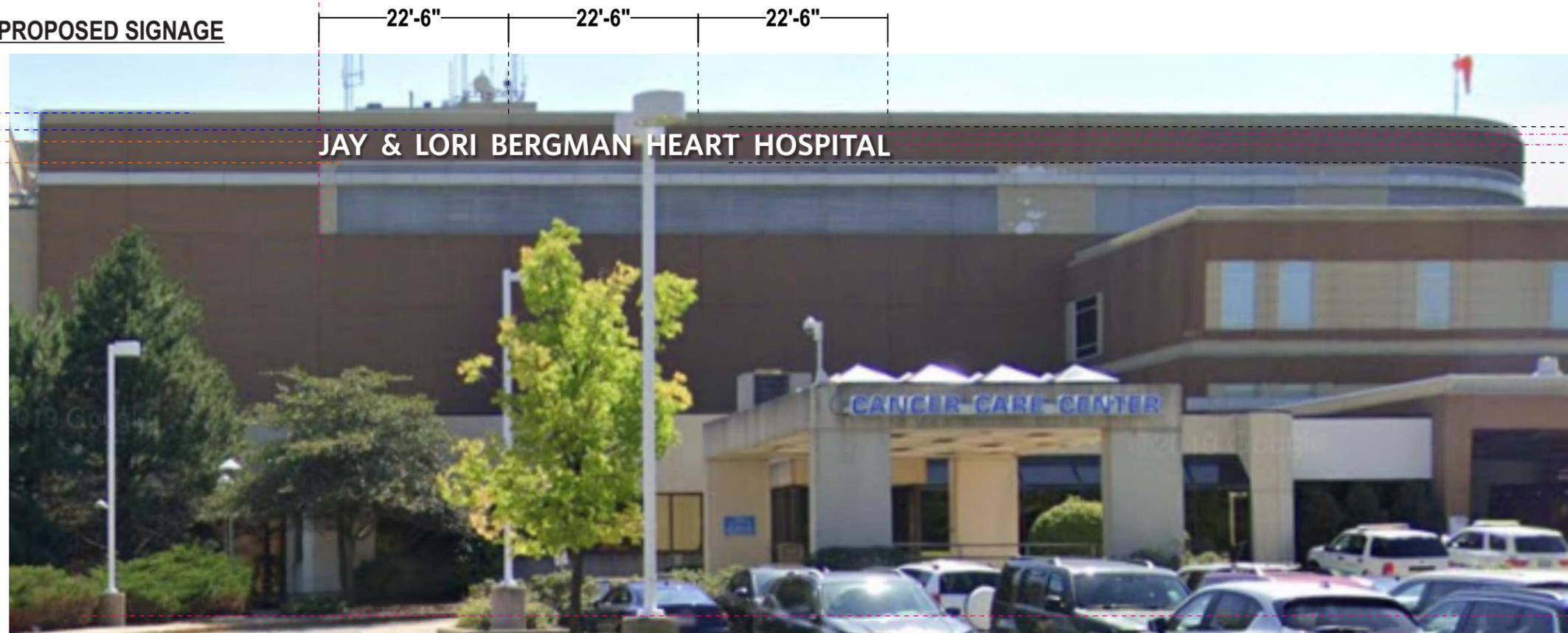


Attachment points to be placed below the 30" workable threshold. electrical feed must be at bottom of sign in workable area.

LEFT ALIGN TO WINDOWS

2'-0"  
Roof to  
Top of Wall  
4'-3"  
Sign Band  
2'-6"  
Workable  
Area - TBV

### PROPOSED SIGNAGE



4'-3"  
Sign Band

±57'-0"  
HTG  
EST.

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ADDRESS:  
333 MADISON ST.  
JOLIET, IL 60435

PAGE NO.:  
**3**

ORDER NUMBER:  
1173345

SITE NUMBER:  
1007

ELECTRONIC FILE NAME:  
K:\ACCOUNTS\A\ASCENSION\LOCATIONS\2022\IL\Joliet\_333\_Madison\_St\333\_Madison\_St\_Joliet\_Saint\_Joseph\_Jay\_Lori\_R3.cdr

PROJECT NUMBER:  
4491

PROJECT MANAGER:  
FELICIA MARINAN

Rev #	Req #	Date/Artist	Description	Rev #	Req #	Date/Artist	Description
Original	377390	04/06/22 KWK					
Rev 1	461886	01/31/24 CR	Revised elevation scale & dimensions per survey				
Rev 2	462374	02/02/24 CR	Removed red notes; Revised comments about workable area				
Rev 3	467101	03/11/24 CR	Slightly re-scaled elevation, added EST HTG Callout				

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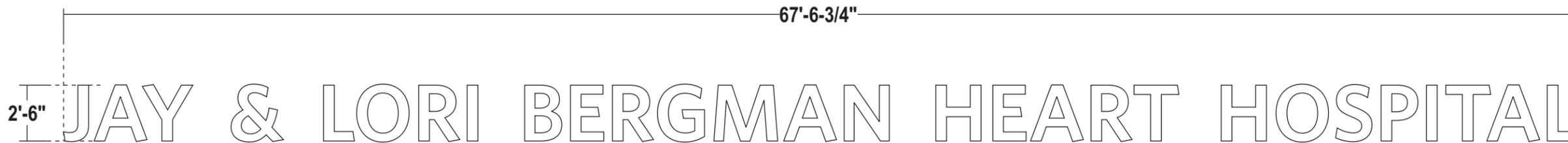
E01

# FACE LIT CHANNEL LETTERS - FLUSH MOUNT - WHITE

Scale: 3/16"=1'-0"

Square Feet: 168.9

refer to  
PRODUCTION SHOP DRAWING  
# ASC0011A  
for manufacturing details

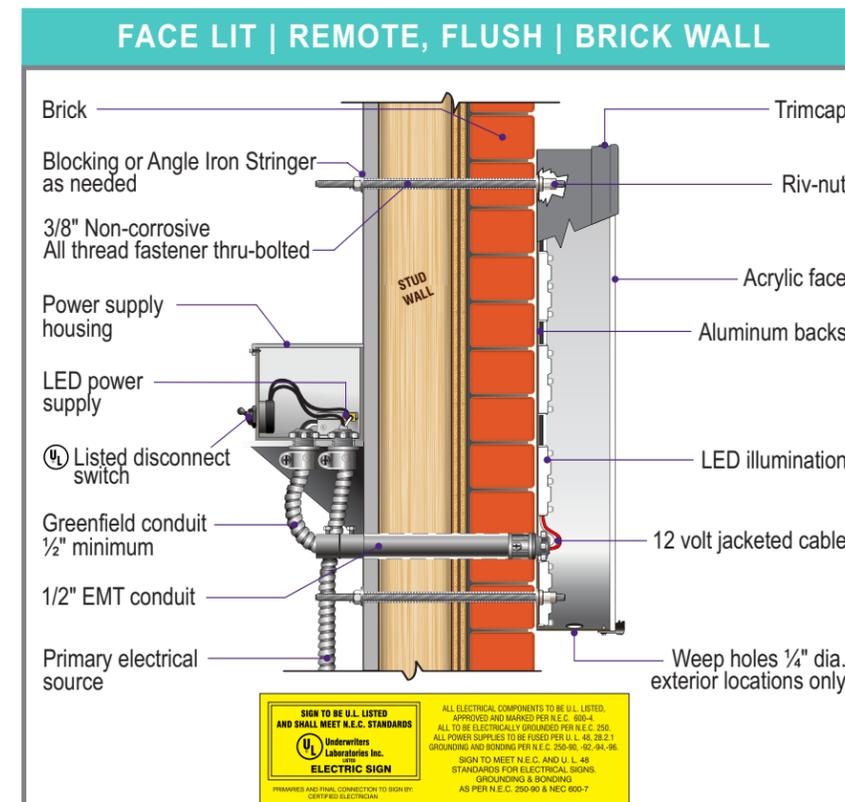


Side View

- FACES:** 3/16" #7328 White acrylic.
- FONT:** Whitney Semibold
- TRIMCAP:** 1" Standard jewelite trim-cap painted light gray
- RETURNS:** 5" deep .063 alum. painted Light Grey, satin finish. Insides painted w/ light enhancement paint.
- BACKS:** .063 alum. backs - insides pre-finished White
- ILLUM.:** Internally illuminated with Sloan LED White Prism 5600K as required by manufacturer. Remote power supplies.  
**NOTE: Survey notes no electrical service at install location. Electrical feed must be at bottom of sign within 30" workable area.**
- WALL MAT.:** Brick
- INSTALL:** Thru bolted using all thread into blocking as required. 12" standard length of threaded rod will be supplied unless otherwise noted. 3/8" threaded rod into blocking or Stratus approved equivalent  
**NOTE: Attachment points to be placed below 30" workable threshold.**
- QUANTITY:** (1) One Letterset Required
- SURVEYOR NOTES:** Davit arm picks 16'-0" on center. 32 foot stage required. Back of wall accessible, 16" concrete wall

### COLOR PALETTE

- LETTER FACE:** #2406 Milky White acrylic.
- TRIM-CAP/RETURN:** Matthews Pant Series SV - #MP91279 R163407 SV Satin V1.0 Grey Met with satin finish



**Sign to be U.L. Listed and shall meet N.E.C. standards**  
 Underwriters Laboratories Inc. ELECTRIC SIGN  
 ALL ELECTRICAL COMPONENTS TO BE U.L. LISTED, APPROVED AND MARKED PER N.E.C. 600-4. ALL TO BE ELECTRICALLY GROUNDING PER N.E.C. 250. ALL POWER SUPPLIES TO BE FUSED PER I.L. 48. 78.2.1. GROUNDING AND BONDING PER N.E.C. 250-96. 92. 94. 96.  
 SIGN TO MEET N.E.C. AND U.L. 48 STANDARDS FOR ELECTRICAL SIGNS. GROUNDING & BONDING AS PER N.E.C. 250-90 & NEC 900-7.  
 PERMANENT AND FINAL CONNECTION TO SIGN BY CERTIFIED ELECTRICIAN

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PROJECT NUMBER:  
4491

PROJECT MANAGER:  
FELICIA MARINAN

Rev #	Req #	Date/Artist	Description	Rev #	Req #	Date/Artist	Description
Original	377390	04/06/22 KWK					
Rev 1	461886	01/31/24 CR	Added purple notes & shop drawing required tag				
Rev 2	462374	02/02/24 CR	Added additional purple notes regarding workable area				
Rev 3	467101	03/11/24 CR	Added shop tag				

FOR OFFICE USE ONLY

\*\*\*Verified by Planner (please initial): \_\_\_\_\_\*\*\*

Payment received from:

Go Permit, Inc.  
9061 Woodlark Terrace  
Boynton Beach, FL 33472  
Patience Shaffer

Petition #:

2024-10

Common Address:

333 Madison St.

Date filed:

3/13/24

Meeting date assigned:

4/18/24

ZONING BOARD OF APPEALS

JOLIET, ILLINOIS

**PETITION FOR VARIATION/APPEAL**

City of Joliet Planning Division, 150 W. Jefferson St., Joliet, IL 60432

Ph (815)724-4050 Fax (815)724-4056

ADDRESS FOR WHICH VARIATION IS REQUESTED: 333 Madison St

PETITIONER'S NAME: Jennifer Ronneburger - GoPermit, Inc

HOME ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

BUSINESS ADDRESS: 9061 Woodlark Terrace, Boynton Beach, FL

ZIP CODE: 33472

PHONE: (Primary) 631-882-4718

(Secondary) \_\_\_\_\_

EMAIL ADDRESS: gopermit@gmail.com

FAX: \_\_\_\_\_

PROPERTY INTEREST OF PETITIONER: Authorized Agent

OWNER OF PROPERTY: Provena St Joseph Medical Ctr

HOME ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_

BUSINESS ADDRESS: 333 Madison St, Joliet, IL

ZIP CODE: 60435

EMAIL ADDRESS: \_\_\_\_\_

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 or email):

N/A

OTHER PROJECTS AND/OR DEVELOPMENTS:

N/A

PERMANENT INDEX NUMBER (TAX NO. OR P. I. N.): 30-07-07-302-002-0000 ;  
\_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_ .

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

LEGAL DESCRIPTION OF PROPERTY (an attached copy preferred):

LOT 1 IN SAINT JOSEPH MEDICAL CENTER, BEING A SUB OF PRT OF THE SW1/4 OF SEC. 7, T35N-R10E.

LOT SIZE: WIDTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_ AREA: \_\_\_\_\_

PRESENT USE(S) OF PROPERTY: Hospital

PRESENT ZONING OF PROPERTY: RB

VARIATION/APPEAL REQUESTED: Requesting a variance from the total sign height restriction  
Section 47-17.21, Exhibit A - allows for 20' overall height - we are requesting an additional  
37' of height for a total height of 57' above grade.

**RESPONSE TO VARIATION CRITERIA**

The Zoning Board of Appeals is authorized to grant or recommend relief only when it has received adequate evidence to establish a practical difficulty or hardship. The evidence must support each of the following three conditions:

- (a) The property in question cannot yield a reasonable return by use permitted and subject to the conditions allowed by the regulations in the particular district or zone.
- (b) The plight of the owner is due to unique circumstances.
- (c) The variation, if granted, will not alter the essential character of the locality.

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

*1. How do the applicable zoning regulations prevent the property in question from yielding a reasonable return?*  
The property in question is a large hospital campus with multiple wings and entrances. Each wing  
has multiple stories resulting in signable areas far above the 20' limit. The current zoning regulations  
prevent the wall signs from being placed where they can be reasonably seen by patients looking for  
the correct department of the hospital.

2. What unique circumstances exist which mandate a variance?

This property is a sprawling hospital campus with many departments spread over multiple wings. The buildings are all multi-stories tall pushing the signable area to the top of the facade. In order for the buildings to be adequately identified for ease of patient navigation, the signs need to be placed above the current allowance of 20'.

3. What impact would the granting of this variance have upon the essential character of the general area? Please include both positive and negative impacts.

The granting of this variance would have only positive impacts on the essential character of the area. The exterior signage will assist with navigating the hospital grounds as stated above and will honor the memory and lifes work of Lori Bergman who was a dedicated philanthropist in the community.

**REQUIRED SUPPORTING ATTACHMENTS**

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

**NOTARIZATION OF PETITION**

STATE OF ILLINOIS) ss  
COUNTY OF WILL)

I, Melanie Furlan, 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.

[Signature]  
Petitioner's Signature

Melanie Furlan  
Owner's Signature  
(If other than petitioner)

Subscribed and sworn to before me  
this 8 day of March, 2024

[Signature]



## 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:

333 Madison St

PIN(s): 30-07-07-302-002-0000

### 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

Ascension St. Joseph's - Joliet  
Ascension Illinois  
200 South Wacker Drive  
Chicago, Illinois 60606  
708-259-0484

E-MAIL: melanie.furlan@ascension.org FAX: N/A

**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

N/A

E-MAIL: \_\_\_\_\_ 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:** Melanie Furlan

**DATE:** 3/8/24

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

Melanie Furlan, Chief Philanthropy Officer, Ascension IL  
708.259.0484

**PRINT**

**ZONING BOARD OF APPEALS**

**CRITERIA FOR SIGN VARIATIONS**

Section 47-17.21(3)(bb) of the Zoning Ordinance states:

Any sign which is not specifically permitted in any zoning district shall require the granting of a variation, obtained from the Zoning Board of Appeals. This includes signs that have flashing or pulsating illumination, animation, rotation, or overall dimensions which exceed the maximum dimensions permitted in any district.

Variation Criteria: A variation may be granted by the Zoning Board of Appeals based on all of the following criteria:

	Does the evidence presented sustain this criteria?	Comments
(a) That strict enforcement of the ordinance would cause undue hardship to the property owner due to circumstances unique to the individual property in question.		
(b) That the proposed use would not be detrimental to the use, orderly development and enjoyment of other property in the immediate vicinity for the purposes permitted under the zoning ordinance, nor substantially diminish the property value within the neighborhood.		
(c) That ownership or lease of the property in question can be demonstrated.		
(d) That approval of the variation would not be contrary to the objective of improving the overall appearance of the City.		