

FOR OFFICE USE ONLY

Verified by Planner (please initial):

Payment received from:

Auto Mall of Springfield
920 S. Dirksen Pkwy.
Springfield, IL 62703

Petition #: 2022-201
Common Address: 3301 Essington Rd.
Date filed: 6/9/22
Meeting date requested: 7/21/22

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: 3301 Essington Rd Joliet, IL 60435

PETITIONER'S NAME: Fadi Rehan

HOME ADDRESS: 5405 Reserve BLVD Springfield, IL ZIP CODE: 62711

BUSINESS ADDRESS: 111 N Dirksen Pkwy Springfield, IL ZIP CODE: 62703

PHONE: (Primary) 217-416-7006 (Secondary) _____

EMAIL ADDRESS: rehanfadi@yahoo.com FAX: _____

PROPERTY INTEREST OF PETITIONER: Potential Owner and Operator

OWNER OF PROPERTY: Malvern Bank National Association

HOME ADDRESS: _____ ZIP CODE: _____

BUSINESS ADDRESS: 100 W King St Malvern, PA ZIP CODE: 19355

EMAIL ADDRESS: jgangemi@mymalvernbank.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):

Bank of Springfield Springfield, IL 217-529-5555

OTHER PROJECTS AND/OR DEVELOPMENTS:

None

PERMANENT INDEX NUMBER (TAX NO. OR P. I. N.): 06-03-23-426-005-0000 ;
thru _____ ; 06-03-23-426-009-0000 ; _____ .

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):

See Attached

LOT SIZE: WIDTH: 467' N 710' S DEPTH: 485' AREA : 7 Acres

PRESENT USE(S) OF PROPERTY: Retail store

PRESENT ZONING OF PROPERTY: B-3 General Business District

SPECIAL USE REQUESTED: Special Use for an Auto Dealership

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

LEGAL DESCRIPTION OF PROPERTY 3301 ESSINGTON ROAD

PIN 06-03-23-426-005-000

LOT 9 IN CHICAGOLAND CENTER, BEING A SUB OF PRT OF THE E1/2 OF THE SE1/4 OF SEC. 23, T36N-R9E.

PIN 06-03-23-426-006-000

LOT 14 IN CHICAGOLAND CENTER, BEING A SUB OF PRT OF THE E1/2 OF THE SE1/4 OF SEC. 23, T36N-R9E.

PIN 06-03-23-426-007-000

LOT 13 IN CHICAGOLAND CENTER, BEING A SUB OF PRT OF THE E1/2 OF THE SE1/4 OF SEC. 23, T36N-R9E.

PIN 06-03-23-426-008-000

LOT 12 IN CHICAGOLAND CENTER, BEING A SUB OF PRT OF THE E1/2 OF THE SE1/4 OF SEC. 23, T36N-R9E

PIN 06-03-23-426-009-000

LOT 8 IN CHICAGOLAND CENTER, BEING A SUB OF PRT OF THE E1/2 OF THE SE1/4 OF SEC. 23, T36N-R9E (EX THE SW'LY 54 FT OF LOT 8 RUNNING PARALLEL WITH AND MEASURED PERPENDICULAR TO THE S'LY LN OF SD LOT 8 PER R2004-047070). REM AFTER DIV/CONS PER R2004-047070 NDA:

- (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 will put a mainly vacant property into good use. The business will bring people to the area and the building. People should be able to feel safe and comfortable going to the business.

2. How will the special use impact properties in the immediate area? This should spur interest in the other businesses in the area, and may affect the property-values for the homes across the street in a good way

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

No, the surrounding property has been developed. It was a large retail store in the past, and will be similar now.

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

Yes all utilities, access roads, drainage and other facilities are existing and will be adequate

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

The ingress & egress for traffic is already in place.

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 will conform - as it will be a business.
No, it does not violate any law, ordinance or regulation.

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 special use permit has been applied for.

REQUIRED SUPPORTING ATTACHMENTS

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

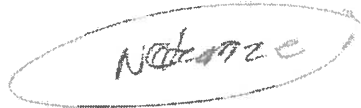
NOTARIZATION OF PETITION

STATE OF ILLINOIS) ss
COUNTY OF WILL)

I, Fadi Rehman, 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.


Petitioner's Signature

Owner's Signature
(If other than petitioner)


Notary

Subscribed and sworn to before me
this 7th day of June, 20 22
M. Sue Barnett

M SUE BARNETT
Official Seal
Notary Public - State of Illinois
My Commission Expires Jun 19, 2023

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:

3301 Essington Rd

PIN(s): 06-03-23-426-005 thru 009

III. PROPERTY OWNERSHIP

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

- | | |
|---|--|
| <input type="checkbox"/> Individual: | State the names, addresses, and phone #'s of the individual owner(s) |
| <input type="checkbox"/> 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 |
| <input checked="" type="checkbox"/> 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 |
| <input type="checkbox"/> Land Trust: | State the names, addresses, and phone #'s of the trustee(s) and all beneficiaries |
| <input type="checkbox"/> Partnership: | State the names, addresses, and phone #'s of all partners |
| <input type="checkbox"/> 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 |

Tayseer Rehan 3904 Vanderbilt Circle, 217-638-7575 100%

Springfield, IL 62711

City State Zip code.

E-MAIL: rehanfadi@yahoo.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

Tayseer Rehan 3904 Vanderbilt Circle, 217-638-7575 100%

Springfield, IL 62711

city, state, zip

no need to fill out

E-MAIL: rehanfadi@yahoo.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: [Signature]

DATE: 6/12/22

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

Fadi Rehan Vice President 217-416-7006

PRINT

**2017 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@jolietcity.org Website: www.cityofjoliet.info**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; Public Amusement; Public Garage; Tattoo Artist; Tattoo Shop; Tobacco Dealer; 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.

New Business: ☒ Change of Ownership: _____ Expansion: _____ Renewal: _____Proposed Opening Date: 03/01/2022 Date Opened: _____**LOCAL BUSINESS INFORMATION**Business Name (DBA): Rehan Motors Store Number: _____Business Address: 3301 Essington RdCity: Joliet State: IL Zip Code: 60435Business Phone Number: 217-679-4720 Fax Number: _____Agent/Operator (Manager) Name: Fadi RehanHome Address: 5405 Reserve BLVDCity: Springfield State: IL Zip Code: 62711Cell Phone Number: 217-416-7006**CORPORATE BUSINESS INFORMATION**Corporate Name: Rehan MotorsContact Name: Fadi RehanCorporate Address: 111 N Dirksen PkwyCity: Springfield State: IL Zip Code: 62703Phone Number: 217-679-4720 Fax Number: _____E-mail Address: rehanfadi@yahoo.com Website: www.rehanmotors.comFederal Employee Identification Number (FEIN Submit IRS Dept. of Treasury Authorization): 47-2557179State of Illinois Business Tax Number (IBT - Submit IDOR Certificate of Registration): 4158-0354Mailing address for all correspondence: Local Business: ☒ Corporate: _____

BUSINESS OWNERSHIP INFORMATION

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

☐ Individual ☐ Partnership ☐ Limited Liability Corporation (LLC) ☐ Private Limited Company (LTD) ☒ Corporation

Legal Business Name: Rehan Motors

If this is a **partnership**, provide name, address, and telephone number of all partners. If this is an **LLC or LTD**, provide the names, addresses and percentage of ownership held by each member. If this is a **Corporation**, provide the names and addresses of all persons holding three percent (3%) or more of the stock of the corporation and the percentage of ownership held by each member. If additional space is needed, add a separate page.

Name: Tayseer Rehan Title: President

Home Address: 3904 Vanderbilt Circle

City: Springfield State: IL Zip Code: 62711

Cell Phone: 217-638-7575 Percentage of Ownership: 100%

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Percentage of Ownership: _____

Name: _____ Title: _____

Home Address: _____


City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Percentage 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's business license.

Fadi Rehan

Name of applicant (print)


Signature of applicant

Vice President

Title of applicant

06/01/2022

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: _____

_____ **Billiard Hall/Pool Tables**

Number of non-coin operated tables on
premise: _____

_____ **Bowling Alleys**

Number of lanes on premise: _____

_____ **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
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: _____

_____ **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 _____

Is paint applied on the premises?

Yes _____ No _____

_____ **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: _____

_____ **Tobacco Dealer** – owner must pass
background check (additional paperwork
necessary) and submit copy of State of IL
Tobacco Certificate of Registration

_____ **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: Automotive Dealer

Gross Square Footage of Tenant Space at Location: 68,000

Total Number of Employees at Location (include family members): 15

Days of Week and Hours of Operation at Location: 9-7

Do you want the local business name, address and telephone number listed on the City of Joliet's website? Yes ☒ No ☐

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

If no, name of center: _____

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

Owner Name: _____

Owner Address: _____

City: _____

State: _____

Zip Code: _____

Cell Phone Number: _____

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

Does the Business buy or sell 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 coin operated devices on the property? Yes ☐ No ☒

If yes, the "Coin Operated Vending, Amusement and Gaming Devices Business License Application" must be completed and all machines must have individual annual stickers – List vending information below:

Vending Company: _____

Office Number: _____

Contact Name: _____

Cell Phone Number: _____