



**GENERAL APPLICATION INFORMATION FORM**

35140 TALBOT AVE.  
Name of Development/Subdivision

Project Number (For office use only)

\$480  
Filing Fee

Date Paid (For office use only)

Filing Deposit

Date Paid (For office use only)

**INSTRUCTIONS:**

- Before filing an application, the Warrenville Zoning Ordinance should be reviewed for filing procedures and requirements.
- Please print or type. Application must be complete before filing with the City of Warrenville.
- Filing Fees/Deposits must accompany application.
- Proof of ownership, disclosure of beneficial interest, and authorization to represent owner must be attached to this application as provided in Zoning Ordinance No. 1018, page 2-4.
- Six (6) paper copies and an electronic copy of this application, other related application forms and any additional application information required by law and/or in Chapter 2 of the Warrenville Zoning Ordinance shall be submitted simultaneously with this application. The application will not be forwarded to the Plan Commission/Zoning Board of Appeals for consideration until all required information and supporting documentation is submitted.

**GENERAL APPLICATION INFORMATION:**

1. Name of Applicant/Developer JEFF GRAEFEN DEVELOPMENT, INC
2. Address of Applicant/Developer 22774 CITATION ROAD  
FRANKFORT, IL 60423
3. Phone 815-464-7090 Fax 815-464-2498
4. E-mail Address JEFF@GRAEFENDEVELOPMENT.COM
5. Subject Property Address: 35140 TALBOT AVE.  
WARRENVILLE, IL
6. Permanent Parcel Identification Number(s) PIN(s) of the Subject Property:  
04-33-202-013

7. Legal Description of the Subject Property:  
SEE PLAT OF SURVEY PROVIDED

*If additional space is required, the complete legal description may be attached to this application.*

8. Name, mailing address, phone number, fax number and e-mail address of Property Owner if different from Applicant/Developer:

WVILLE TALBOT LLC.  
Address 1151 W. 184<sup>TH</sup> PLACE STE A  
ORLAND PARK, IL  
Phone 708-995-1727 Fax 708-995-7320  
E-mail Address JOHA@TCBDEVELOPMENT.COM

9. Name(s), mailing address(es), phone number(s), fax number(s) and e-mail address(es) of Developer, Site Engineer, Attorney and other Consultants involved in the project (attach addendum if necessary):

JEFF GRAEFEN DEVELOPMENT, INC  
Address 22774 CITATION ROAD.  
FRANKFORD, IL 60423  
Phone 815-464-7090 Fax 815-464-2498  
E-mail Address JEFF@GRAEFENDEVELOPMENT.COM

10. Description of Present and Proposed Use of Property:

PRESENT PROPENT-/: LAND PARCEL  
PROPOSED USE: AMBULANCE TRANSPORT FACILITY.

11. Present Zoning of Subject Property: M-1 LIGHT MANUFACTURING

**REQUESTS:** (Check all Proposed/Requested action(s) that apply)

- Zoning Ordinance Variation (Submit Application Form A)
- Special Use (Submit Application Form B)
- Rezoning/Map Amendment (Submit Application Form C)
- Landscape Relief
- Subdivision Control Ordinance Variation
- Land Division
- Plat of Subdivision/Resubdivision
- Preliminary Planned Unit Development (Submit Application Form D)
- Final Planned Unit Development (Submit Application Form D)
- Planned Unit Development Exceptions (Submit Application Form D)
- Minor Amendment to Approved Final PUD Plans (Submit Minor PUD Amendment Form)
- Major Amendment to Approved Final PUD Plans (Submit Major PUD Amendment Form)
- Annexation (Submit Annexation Petition)
- Conditional Use for Outdoor Display or Community Garden

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I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I HAVE THOROUGHLY REVIEWED THE FILING PROCEDURES AND REQUIREMENTS OUTLINED IN CHAPTER 2 OF THE CITY OF WARRENVILLE ZONING ORDINANCE.

  
\_\_\_\_\_  
Signature of Applicant/Agent

JEFF GRAEFENT  
\_\_\_\_\_  
(Print Name)

12.18.2020  
\_\_\_\_\_  
Date